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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2009 ca	alendar vea	r, or tax year beginning 07	7-01-2009 and ending 06-30-2010)		Inspection
		pplicable	Please	C Name of organization JEWISH FEDERATION OF OM			D Employer id	lentification number
┌ Add	lress ch	nange	use IRS		ANA FOUNDATION		20-11235	
┌ Nar	ne cha	nge	label or print or	Doing Business As			E Telephone n	umber
┌ Inıt	ıal retu	rn	type. See Specific	Number and street (or P.O.	oox if mail is not delivered to street addres	cs) Doom/suite	(402) 334	-6440
☐ Ter			Instruc- tions.	333 SOUTH 132ND STREET		ss) Room, suite	G Gross receipts	s \$ 16,204,470
☐ Am		return n pending		City or town, state or countr OMAHA, NE 68154	y, and ZIP + 4			
			F Nan	ne and address of principa	lofficer	H(a) Is th	■ ıs a group retui	rn for
				N C RICKS			ites?	⊤Yes ▼ No
				OUTH 132ND STREET A,NE 68154		H(h) Are a	II affiliates inclu	ded?
								t (see instructions)
I Ta	x-exen	npt status	▽ 501(c)) (3) ◀ (insert no)	(a)(1) or 527		ıp exemption n	
J W	ebsit e	e:► N/A	4					
				ion Trust Association	Other 🕨	L Year of fo	rmation 2004	M State of legal domicile NE
Pa	rt I			o organization's mission o	r most significant activities			
	*	•		_	r most significant activities nefit of the Jewish Federation of On	naha		
န္								
Governance								
ie Kei	2	Check	this hoy 🍽		ntinued its operations or disposed	of more than	25% of its net	assets
ŝ	3		•		body (Part VI, line 1a)			3 17
	4		-	-	ne governing body (Part VI, line 1b			4 17
Activities &	5			nployees (Part V, line 2a)		,		·
₹	6			olunteers (estimate if nece				5 30
ą A	_		ross unrela		/a			
				ness taxable income from	•		'b (
	_				,	Prio	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1	1)		4,994,453	6,702,947
₫				• • • • • • • • • • • • • • • • • • • •	, g)		, ,	20,398
Reven	10			ne (Part VIII, column (A)		-13,447,713	1,159,337	
걆	11				55,6d,8c,9c,10c,and11e)		, ,	0
	12	Totalı	revenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), line			
	13				column (A), lines 1-3)		-8,453,260 10,196,964	7,882,682 8,269,636
	14				olumn (A), line 4)			0
ø	15	Saları			nefits (Part IX, column (A), lines 5	-		
Expenses	16a	10) Profes	sional fund	raising fees (Part IX, colu	mn (A), line 11e)			0
÷ ⊕	ь			enses (Part IX, column (D), line				<u>~</u>
Ш	17				11a-11d, 11f-24f)		64,239	12,718
	18	Total	expenses A	Add lines 13–17 (must ed	ual Part IX, column (A), line 25)		10,261,203	8,282,354
	19	Reven	ue less exp	oenses Subtract line 18 fi	om line 12		-18,714,463	-399,672
Net Assets or Fund Balances						Beginning	g of Current Year	End of Year
25 e	20	Total	assets (Par	t X, line 16)			49,484,942	58,022,950
A A B	21			Part X, line 26)			3,751,807	4,063,080
žĒ	22	Netas	sets or fun	d balances Subtract line	21 from line 20		45,733,135	53,959,870
Par	t II	Sign	ature Blo	ock		•		
					mined this return, including accompanying on of preparer (other than officer) is based			
Sign	1	****	***			2011	-05-13	
Here			ature of office	er		Date	-03-13	
		MAR	TIN C RICKS	ENDOWMENT DIRECTOR				
			or print nam					
		Preparer	's L			Check If	Preparer's ident	
Paid		signature		a J Fajen		elf- mpolyed •	(see instruction	s)
Prepa	arer's	Firm's name (or yours & SEIM JOHNSON LLP						
Use (ıf self-er	nployed), and ZIP + 4		EIN Þ			
	-	audiess,	anu ZIP + 4	* 18081 BURT STREET SUIT	Phone no ▶ (402) 330-2660		
	he TD	C d		OMAHA, NE 680224722	n phoug2 (one implement)			✓ Yes No
ı•ıay t	.ne 1R	.ಎ aiscus	s inis retu	ın willi ine preparer showi	above? (see instructions)			j•res j No

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
	Direity	ue3ciibe	LIIC	organization 3	11113310

And the second second second		Complete languages and allow		
to conduct and	i subbort activities	for the benefit of the	newish rederation	oromana

2			ant program services during	the year which were not listed or	n ∀es ▽ No						
	If "Yes," describe these new services on Schedule O										
3			nake sıgnıfıcant changes ın h	now it conducts, any program	┌ Yes ┌ No						
	If "Yes," describe	these changes on Sched	ule O								
4	Section 501(c)(3)	and 501(c)(4) organizat		n's three largest program service trusts are required to report the rogram service reported							
4a	(Code) (Expenses \$	8,269,636 including grants	s of \$ 8,269,636) (Revenu	e \$ 20,398)						
	JEWISH FEDERATION INC AND OTHER OR IRC SECTIONS 501(0	OF OMAHA FOUNDATION'S PU GANIZATIONS OPERATED EXCL C)3 AND WHICH ARE AFFILIATI	JRPOSE IS TO CONDUCT AND SUPP USIVELY FOR CHARITABLE, EDUCA	ORT ACTIVITIES FOR THE BENEFIT OF TIONAL, RELIGIOUS, OR SCIENTIFIC PU ROM, THE JEWISH FEDERATION OF OMA	THE JEWISH FEDERATION OF OMAHA, RPOSES WHICH ARE DESCRIBED IN						
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue	\$)						
4c	(Code) (Expenses \$	including grants	of \$) (Revenue	\$)						
4d	Other program se	ervices (Describe in Sch	edule O)								
	(Expenses \$	ıncl	uding grants of \$) (Revenue \$)						
4e	Total program se	rvice expenses ⊁ \$	8,269,636								

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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 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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	• -	V	
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this return			
ь	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)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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?	7e		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£ 7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		""
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1 <i>2</i> >	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			

333 SOUTH 132ND STREET

OMAHA, NE 68154 (402) 334-6438

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

Se	ection A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body 1a 17				
ь	Enter the number of voting members that are independent 15				
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	Yes		
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		Νo	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο	
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		Νo	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)				
Ne	venue code.)		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		No	
	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					
		11	Yes		
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	4.51	v		
c	to conflicts?	12b	Yes		
	describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b		No	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website V Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n -	
	DAVID KAMPSCHNEIDER				

Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1 b	Total	404		14,625
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			'
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm 99 0	(2009)

Form 99								Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
	С	Fundraising eve	ents 1c					
¥ ¥	d	Related organiz	rations 1d	3,474,320				
% ⊞	e	Government grant	s (contributions) 1e					
등등	f	All other contribution	ons, gifts, grants, and 1f	3,228,627				
至至	-	sımılar amounts no	ot included above	<u> </u>				
<u></u>	g		butions included in ,400,584					
20	h	IIIIes ra-ri b —		▶	6,702,947			
				Business Code				
e⊟	2a	INVESTMENT MANA	ACEMENT		20, 200	20, 200		
. ver	b	TIVESTITEIN MAIN	-GENERI	523,920	20,398	20,398		
产								
Σ	c .							
À	d							
E	е							
Program Service Revenue	f	All other progra	am service revenue					
Δ̈́	g	Total. Add lines	s 2a – 2f		20,398			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simil	aramounts)	▶	767,154			767,154
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	8,713,971					
	Ь	than inventory Less cost or	8,321,788					
		other basis and sales expenses						
	С	Gain or (loss)	392,183					
	d	Net gaın or (los	s)		392,183			392,183
e E	8a	Gross income f events (not inc \$						
Other Revenue								
<u> </u>	 k	1000	a noncos h					
듔	b с		penses b (loss) from fundraising o	events -				
•	9a		rom gaming activities					
	ь		a penses b					
	С		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve	entory ►				
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	•	7,882,682	20,398	0	1,159,337
					.,002,002	20,330		1,100,007

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	<u> </u>	,,,,,,,,	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$	8,210,780	8,210,780		
<u> </u>	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	58,856	58,856		
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See				
	Part IV, lines 15 and 16 Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and				
	key employees				
•	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons				
	described in section 4958(c)(3)(B)				
	Other salaries and wages				
1	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
	Other employee benefits				
)	Payroll taxes				
L	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	12,718		12,718	
g	Other				
	Advertising and promotion				
	Office expenses				
	Information technology				
,	Royalties				
•	Occupancy				
•	Travel				
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings				
ı	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
3	Insurance				
ı	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а					
b					
c					
d					
e					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	8,282,354	8,269,636	12,718	
 5	Joint costs. Check here ► ☐ If following SOP 98-2			·	
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 fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	9,016,744	2	1,090,512
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employ highest compensated employees Complete Part II of	ees, and		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(persons described in section 4958(c)(3)(B) Complete Part II of	f)(1)) and		
		Schedule L		6	
ets	7	Notes and loans receivable, net		7	6,000,000
Assets	8	Inventories for sale or use		8	
٧	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	38,544,191	11	48,804,071
	12	Investments—other securities See Part IV, line 11	1,921,611	12	2,124,762
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,396	15	3,605
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,484,942	16	58,022,950
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es es	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,751,807	21	4,063,080
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,751,807	26	4,063,080
sea		Organizations that follow SFAS 117, check here ► ↓ and complete lines 27 through 29, and lines 33 and 34.			_
สม	27	Unrestricted net assets	28,111,938	27	35,773,378
Ba	28	Temporarily restricted net assets	4,927,738	28	4,742,037
Fund Balance	29	Permanently restricted net assets	12,693,459	29	13,444,455
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
70		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	45,733,135	33	53,959,870
_	34	Total liabilities and net assets/fund balances	49,484,942	34	58,022,950

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? 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	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization JEWISH FEDERATION OF OMAHA FOUNDATION

20-1123519 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ✓ Type I **b** Type II **c** Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

	Yes	No
11g(i)		Νo
11g(ii)		Νo
11g(iii)		Νο

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		e cion in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
JEWISH FED OF OMAHA INC	470384659	7	Yes		Yes		Yes		6,647,386
									<u> </u>
Total									6,647,386

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136042051

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE 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.

Name of the organization

Employer identification number

JEW	ISH FEDERATION OF OMAHA FOUNDATION		,	
			20-1123519	
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		inds or Accounts. Complete if	
		(a) Donor advised funds	(b) Funds and other accounts	
	Total number at end of year	113		
	Aggregate contributions to (during year)	2,515,024		
	Aggregate grants from (during year)	ggregate grants from (during year) 2,944,000		
	Aggregate value at end of year			
•	Did the organization inform all donors and donor adfunds are the organization's property, subject to the	-	or advised	
•	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be		•	
	conferring impermissible private benefit t II Conservation Easements. Complete	o if the organization answered "Ves" to		
l <u>2</u>	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of a co	ertified historic structure	
	easement on the last day of the tax year			
		-	Held at the End of the Year	
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easement	-	2b	
С	Number of conservation easements on a certified h	` '	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, trans the taxable year -		d by the organization during	
	Number of states where property subject to conser	vation easement is located 🛌	<u> </u>	
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and Yes	
•	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	ents during the year ►	
	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during the year ► \$	
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sect	tion Yes T	
)	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial :		
ar	Complete if the organization answered		or Other Similar Assets.	
la	Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue statemer d for public exhibition, education or researc	h ın furtherance of public service,	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research in	•	
	(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, his following amounts required to be reported under SF.		· -	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	asur	es, or C	the	r Simil	ar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	at are	a signific	ant us	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan or	excha	ange prog	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	y further	the or	ganızatıor	ı's ex	empt pu	rpose in		
	Part XIV											
5	During the year, did the organization solicition assets to be sold to raise funds rather than t								ılar	_	Yes	Г No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	atıon			es" to F			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets r	iot	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able		Г					
							-	_		A mo	unt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							✓	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete						orm 990 o Years Bac				•\Eour\	/oars Bask
1a	Beginning of year balance	(a)Current Year 13,677,918	(1	b) Prior	7,114,653	(C) IW	o rears bac	K (a)	irillee rea	ITS DACK (e)rour t	ears back
ь	Contributions	501,900			561,853							
c	Investment earnings or losses	1,096,120		-3	3,171,461			+				
d	Grants or scholarships	601,278			800,881							
e	Other expenditures for facilities	,										
_	and programs	F FF0			26.246							
f	Administrative expenses	5,558		4.	26,246			+				
g	End of year balance	14,669,102		13	3,677,918							
2	Provide the estimated percentage of the yea		as									
а	Board designated or quasi-endowment 🕨	0 %										
Ь	Permanent endowment F 77.910 %											
c	Term endowment ► 22.090 %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held a	and ad	mınıstere	d for	the			T
	organization by (i) unrelated organizations									. 3a(i)	Yes	No No
	(ii) related organizations					٠			•	3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization				ule R?		· · · · .	٠. ٠		. 3b	<u> </u>	
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	nds						•	
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	0, Par	t X, line	10.				
	Description of investment				a) Cost or isis (invest		(b)Cost or basis (ot			cumulated eciation	(d) E	Book value
	Land		•	+								
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B,), line	10(c).)							0
		·							Sche	edule D (Form 9	90) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,882,682
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,282,354
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-399,672
4	Net unrealized gains (losses) on investments	4	2,626,407
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	6,000,000
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	8,626,407
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,226,735
Part	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	16,509,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	8,626,407
3	Subtract line 2e from line 1	3	7,882,682
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,882,682
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	8,282,354
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,282,354
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,282,354

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part IV , Line 2b		The Foundation holds assets in trust for various organizations in a fiduciary capacity. The Foundation manages the assets and can only make distributions at the request of the owners. The assets are included in investments and liabilities in custodial funds on the consolidated statement of financial position.
Part V , Line 4	Description of Intended Use of Endowment Funds	TO CONTRIBUTE TO THE STABILITY AND CONTINUITY OF JEWISH LIFE AND TO SUPPORT COMMUNAL SERVICES IN THE OMAHA AREA
Part X	Description of Uncertain Tax Positions Under FIN 48	The Federation is a not-for-profit corporation as described in Section 501(c)(3) of the Code and has received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Internal Revenue Service has established standards to be met to maintain the Federation's tax exempt status. In general, such standards require the Federation to meet a community benefits standard and comply with various laws and regulations. The Federation accounts for uncertainties in accounting for income tax assets and liabilities using guidance included in FASB ASC 740, Income Taxes. The Federation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. At June 30, 2010 and 2009, the Federation had no uncertain tax positions accrued. The Federation had no uncertain tax positions accrued. The Federation is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Federation believes it is no longer subject to income tax examinations for years prior to 2006. The Federation's policy is to classify income tax related interest and penalties (if any) in interest expense and other expenses, respectively.
Part XII, Line 2d - Other Adjustments		PRIOR PERIOD ADJ LOAN PREV REPT'D AS A GRANT TO JEWISH FEDERATION OF OMAHA 6000000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136042051

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

Internal Revenue Service			F Attach to Folin 990				Inspection
Name of the organization JEWISH FEDERATION OFOMAHA	FOUNDATION					Employer identification	on number
						20-1123519	
Part I General Informati	on on Grants and	l Assistance					
Does the organization maintain the selection criteria used to a	ward the grants or as	sıstance?					▽ Yes ▽
2 Describe in Part IV the organi:	<u> </u>						
Form 990, Part IV, lı	ne 21 for any recip	ient that received r	rganizations in the nore than \$5,000. Choneded	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5	501(c)(3) and govern	nent organizations .				<u>-</u>	69

Enter total number of other organizations . . .

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

Number of cipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book,	(f)Description of non-cash assistance
			FMV, appraisal, other)	
6	48,856			
1	10,000			
				6 48,856

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 GRANTS TO ORGANIZATIONS Grants are disbursed after programs and services are provided, and receipts for the costs are submitted to the Foundation GRANTS TO INDIVIDUALS SCHOLARSHIP RECIPIENTS ARE ISSUED CHECKS PAYABLE TO COLLEGE/SCHOOL TO PAY TUITION, AND ARE REQUIRED TO SUBMIT TRANSCRIPTS FOR COURSEWORK

Software ID:

Software Version:

EIN: 20-1123519

Name: JEWISH FEDERATION OF OMAHA FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
All Our Kids Inc1004 Farnam Street Suite 200 Omaha, NE 68102	47-0762798	501(C)(3)	7,500				General Support
American Forum for New Immigrants1250 Connecticut Avenue NW Suite 5 Washington,DC 20036	52-1562374	501(C)(3)	5,000				General Support
Bemis Center for Contemporary Arts724 S 12th Street Omaha,NE 68102	47-0653927	501(C)(3)	18,850				General Support
Beth El Synagogue14506 California Street Omaha,NE 68154	47-0388140	501(C)(3)	77,340				General Support
Beth Israel Synagogue12604 Pacific Street Omaha,NE 68154	47-0388010	501(C)(3)	10,544				General Support
Big Brothers Big Sisters4902 Hamilton Street Omaha,NE 68135	47-0466144	501(C)(3)	8,500				General Support
Bnaı Israel Synagogue618 Mynster Street Council Bluffs, IA 51503	42-1249804	501(C)(3)	7,195				General Support
Boulder Museum of Contemporary Art1750 13th Street Boulder, CO 80302	84-0764634	501(C)(3)	5,000				General Support
Boys & Girls Clubs of A merica1275 Peachtree Street NE Atlanta, GA 30309	13-5562976	501(C)(3)	5,000				General Support
Boys & Girls Clubs of the Midlands2610 Hamilton Street Omaha,NE 68131	47-0467350	501(C)(3)	17,950				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 47-0772596 501(C)(3) Brigit Saint Brigit Theatre Co General Support 614 S 11th Street 10,000 Omaha, NE 68102 Camp Sabra2 Millstone 43-0681477 501(C)(3) Scholarships Campus Drive 8,200 St Louis, MO 63146 36-3552582 501(C)(3) Chabad Lubavitch of General Support Nebraska1866 S 120th 28,103 Street Omaha, NE 68144 City of Council Bluffs1209 42-6004428 501(C)(3) General Support Pearl Street 5,000 Council Bluffs, IA 51503 Colorado Mountain College 74-2393418 501(C)(3) General Support FoundPO Box 1763 10,000 Glenwood Springs, CO 86102 Congregation Beth Jehudah 39-0855384 501(C)(3) General Support 3100 N 52nd Street 5,800 Milwaukee, WI 53216 47-0376583 501(C)(3) Creighton University 2500 General Support California Plaza 25,936 Omaha, NE 68178 Direct Marketing Educational 13-6222757 501(C)(3) General Support Foundation1120 Avenue of 12,000 the Americas 14th Floor New York, NY 10036 501(C)(3) Educare of Omaha2123 Paul 80-0015385 General Support Street 15,000 Omaha, NE 68102 El Museo Latino4701 S 25th 47-0769493 501(C)(3) General Support Street 10,800 Omaha, NE 68107

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organization	ıs in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Film StreamsPO Box 8485 Omaha,NE 68108	20-2549448	501(C)(3)	9,900				General Support
Firemen & Police Appreciation Foundation 12927 Heavenly Drive Omaha, NE 68154	26-3499345	501(C)(3)	15,000				General Support
Friedel Jewish Academy 335 S 132nd Street Omaha, NE 68154	05-1998366	501(C)(3)	167,289				General Support
Friends of Israel Defense Forces350 Fifth Avenue New York, NY 10118	13-3156445	501(C)(3)	5,000				General Support
Gratitude Fund535 West 110th Street Suite 6E New York, NY 10025	13-4015475	501(C)(3)	5,000				General Support
Heartland Family Service 2101 S 42nd Street Omaha,NE 68105	47-0390618	501(C)(3)	6,100				General Support
Herzl Camp7204 West 27th Street 226 St Louis Park, MN 55426	83-0506393	501(C)(3)	10,525				Scholarships
Hospice of Southwest Iowa 427 East Kanesville Council Bluffs, IA 51503	47-0733773	501(C)(3)	25,000				General Support
Iowa Western Community College2700 College Road Council Bluffs, IA 51503	42-1224333	501(C)(3)	5,165				General Support
Jewish Federation of Nashville801 Percy Warner Boulevard Suite 102 Nashville,TN 37205	62-6077703	501(C)(3)	5,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation of Omaha 333 S 132nd Street Omaha, NE 68154	47-0384569	501(C)(3)	6,647,386				GENERAL SUPPORT & VARIOUS BUIDLING PROJECTS
Joslyn Art Museum2200 Dodge Street Omaha,NE 68102	47-0384577	501(C)(3)	6,000				General Support
Juvenile Diabetes Research Found9202 West Dodge Road 304 Omaha,NE 68114	23-1907729	501(C)(3)	21,000				General Support
Kaneko1111 Jones Street Omaha,NE 68102	36-4261067	501(C)(3)	20,150				General Support
Leukemia & Lymphoma Society10832 Old Mill Road Suite 2 Omaha,NE 68154	13-5644916	501(C)(3)	5,450				General Support
Lincoln Southwest High School7001 S 14th Street Lincoln,NE 68512	47-6003955	501(C)(3)	5,840				General Support
Metro Community College FoundationPO Box 3777 Omaha,NE 68103	47-0596504	501(C)(3)	28,000				General Support
Mosdos Toras Chesed Inc 1343 E 9th Street Brooklyn, NY 11230	20-5418174	501(C)(3)	10,000				General Support
Mourning Hope4919 Balwin Avenue Lincoln,NE 68504	47-0782915	501(C)(3)	5,000				General Support
National Endowment for the Arts1100 Pennsylvania Avenue NW Washington, DC 20506	52-1098587	501(C)(3)	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)(3) National Safety & Health 47-0259720 General Support Council11620 M Circle 10,000 Omaha, NE 68137 Nebraska Cultural 47-0813703 501(C)(3) General Support Endowment1004 Farnam 10,000 Street Omaha, NE 68102 Nebraska Jewish Historical 43-1271156 501(C)(3) General Support Society333 S 132nd Street 30,888 Omaha, NE 68154 NET Foundation for 23-7122088 501(C)(3) General Support Television1800 N 33rd 5,650 Street Lincoln, NE 68503 47-0645958 501(C)(3) General Support Omaha Community Foundation302 S 36th Street 6,000 Suite 100 Omaha, NE 68131 47-0832480 501(C)(3) General Support Omaha Performing Arts Society1200 Douglas Street 11,600 Omaha, NE 68102 47-6039304 501(C)(3) General Support Omaha Symphony Association1605 Howard 24,650 Street Omaha, NE 68102 501(C)(3) General Support Opera Omaha1625 Farnam 47-6032795 Street 34,450 Omaha, NE 68102 23-7287150 501(C)(3) Orange County Performing General Support Arts Center600 Town Center 30,000 Drive Costa Mesa, CA 92626 13-1663143 501(C)(3) YOUTH CAMPING UNION FOR REFORM JUDAISM633 3RD AVE FL 7 PROGRAM 7,290 NEW York, NY 10017 Scholarships

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pacıfic Symphony3631 S Harbor Boulevard Suite 100 Santa Ana, CA 92704	95-3635496	501(C)(3)	5,000				General Support
PEF Israel Endowment Funds 317 Madison Avenue New York, NY 10017	13-6104086	501(C)(3)	12,500				General Support
Performing Arts From the Heart19 West Larchmont Drive Larchmont, NY 10538	20-4476299	501(C)(3)	5,000				General Support
Planned Parenthood of the Heartland3105 N 93rd Street Omaha,NE 68134	47-0391517	501(C)(3)	9,540				General Support
Sacred Heart2207 Wirt Street Omaha,NE 68110	47-0415808	501(C)(3)	7,000				General Support
Santa Fe Chamber Music FestivalPO Box 2227 Santa Fe,NM 85704	85-0224461	501(C)(3)					General Support
Santa Fe OperaPO Box 2408 Santa Fe, NM 85704	85-0131810	501(C)(3)	25,000				General Support
SCORE Foundation200 W Santa Ana Blvd 700 Santa Ana,CA 92701	52-1962712	501(C)(3)	15,000				General Support
THE MAURICE B SHWAYDER CAMP OF CONGREGATION EMANUEL51 Grape Street Denver, CO 80220	84-0402688	501(C)(3)	7,675				YOUTH CAMPING PROGRAM Scholarships
Telluride Film Festival800 Jones Street Berkeley,CA 94710	23-7426302	501(C)(3)	12,500				General Support

Form 990,Schedule I, Par	rt II, Grants an	ıd Other Assistanc	e to Governments	and Organization	is in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple A havat Shalom 18200 Rınaldı Place Northridge, CA 91326	95-6122711	501(C)(3)	5,000				General Support
Temple Bat Yam1011 Camelback Street Newport Beach, CA 92660	95-2875578	501(C)(3)	25,000				General Support
Temple Israel7023 Cass Street Omaha,NE 68132	47-0376590	501(C)(3)	101,547				General Support
The Partnership for Our Kids 1004 Farnam Street Suite 200 Omaha, NE 68102	47-0762798	501(C)(3)	12,500				General Support
Trustees of the Univ of Penn 3701 Locust Walk Philadelphia, PA 19104	23-1352685	501(C)(3)	65,150				General Support
United States Artists Inc 5757 Wilshire Blvd 580 Los Angeles, CA 90036	22-3903993	501(C)(3)	50,000				General Support
United Way of the Midlands 1805 Harney Street Omaha,NE 68102	47-0376605	501(C)(3)	94,700				General Support
University of Nebraska Foundation2285 S 67th Street 200 Omaha,NE 68106	47-0379839	501(C)(3)	46,350				General Support
Westside Community Schools Foundation8701 Pacific Street Omaha, NE 68114	47-0560469	501(C)(3)	5,000				General Support

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

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

20-1123519

2 Art- 3 Art- 4 Boo 5 Clor	—Works of art	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of d reven	etermi iues		
2 Art- 3 Art- 4 Boo 5 Clor	—Historical treasures —Fractional interests oks and publications thing and household ods rs and other vehicles ets and planes curities—Publicly traded curities—Partnership, LLC, trust interests curities—Miscellaneous alified conservation ntribution—Historic ructures alified conservation		19		AVERAGE HIGH/LO	D W BA	LANC	
2 Art- 3 Art- 4 Boo 5 Clor goo 6 Car 7 Boa 8 Inte 9 Sec 10 Sec	—Historical treasures —Fractional interests oks and publications thing and household ods rs and other vehicles ets and planes curities—Publicly traded curities—Partnership, LLC, trust interests curities—Miscellaneous alified conservation ntribution—Historic ructures alified conservation	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	
3 Art- 4 Boo 5 Clor goo 6 Car 7 Boa 8 Inte 9 Sec 10 Sec	—Fractional interests oks and publications	X	19	1,400,584	AVERAGE HIGH/LO	D W BA	LANC	
4 Boo 5 Clo goo 6 Car 7 Boa 8 Inte 9 Sec 10 Sec	oks and publications	X	19	1,400,584	AVERAGE HIGH/LO	D W BA	LANC	
 5 Clor good 6 Car 7 Boad 8 Integer 9 Sector 10 Sector 	thing and household ods	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	
god 6 Car 7 Boa 8 Inte 9 Sec 10 Sec	ods	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	 E
7 Boa8 Inte9 Sec10 Sec	ets and planes ellectual property	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	E
8 Inte9 Sec10 Sec	ellectual property	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	E
 9 Sec 10 Sec 	curities—Publicly traded . curities—Closely held stock . curities—Partnership, LLC, trust interests curities—Miscellaneous alified conservation ntribution—Historic cuctures alified conservation	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	E
10 Sec	curities—Closely held stock . curities—Partnership, LLC, trust interests curities—Miscellaneous alified conservation ntribution—Historic ructures alified conservation	X	19	1,400,584	AVERAGE HIGH/LO	O W BA	LANC	<u>E</u>
	curities—Partnership, LLC, trust interests							
11 Sec	trust interests							
or t	alified conservation ntribution—Historic ructures alified conservation							
12 Sec	ntribution—Historic ructures alified conservation							
cor								
•	ntribution—Other							
15 Rea	al estate—Residential .							
16 Rea	al estate—Commercial							
17 Rea	alestate—Other							
	lectibles							
19 Foo	od inventory							
20 Dru	igs and medical supplies .							
	cidermy							
	torical artifacts							
	entific specimens							
	heological artifacts							
	ner ► ()							
	ner ►()							
27 Oth								
	ner ► ()			1				
	Imber of Forms 8283 received which the organization compl				29		Yes	No
30a Du	iring the year, did the organiza	tion receive	e by contribution any prope	erty reported in Part I, lines	1-28 that it		162	
	ust hold for at least three years							
	exempt purposes for the entir					30a		No
	"Yes," describe the arrangeme					Jua		
	es the organization have a gift			review of any non-standard	contributions?	31	Yes	
	es the organization hire or use	·		•				
cor	ntributions?					32a		No
33 If t	"Yes," describe in Part II the organization did not report scribe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 20-1123519

Name: JEWISH FEDERATION OF OMAHA FOUNDATION

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

DLN: 93493136042051

Inspection

OMB No 1545-0047

Name of the organization

JEWISH FEDERATION OF OMAHA FOUNDATION

Employer identification number

20-1123519

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		jay noddle, president of the board, and joseph kirshenbaum, a board member, ARE CO-OWNERS OF A FOR-PROFIT BUSINESS ALLAN MUROW, A BOARD MEMBER, IS AN EMPLOYEE OF THAT BUSINESS

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

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

ldentifier	Return Explanation Reference									
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by an accounting firm with the assistance of the controller. When the 990 has been prepared, it is then reviewed by the controller. Copies of the return are made available to the ENDOWMENT Director after the controller has reviewed the return. The return is approved by the ENDOWMENT Director prior to submission to the IRS.								

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

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		JEWISH FEDERATION OF OMAHA FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE BOARD OF DIRECTORS FOR THE JEWISH FEDERATION OF OMAHA FOUNDATION ASSUMES RESPONSIBILITIY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

DLN: 93493136042051

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.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LEWISH FEDERATION OF OMAHA FOUNDATION	Employer identification number						
				20-1123519			
Part I Identification of Disregarded Entities (Complete	ıf the organization a	answered "Yes" on	Form 990, Part IV	/, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	t ions (Complete ıf tl tax year.)	he organization and	swered "Yes" on F	Form 990, Part	IV, line 34 because it had one		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(tus Direct controlling 3)) entity		
JEWISH FEDERATION OF OMAHA INC							
333 S 132ND STREET	NON-PROFIT SERVICES	NE	501(C)(3)		7 N/A		
OMAHA, NE 68154 47-0384659			332(3)(6)				
PARDES FOUNDATION 333 S 132ND STREET OMAHA, NE 68154 47-0824776	MANAGE PROPERTY	NE	501(C)(3)		11A N/A		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yea assets		(h Disprop year allocat		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 9	90, Part IV, lı	ne 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed	ın Parts II-IV	>			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d Loans or loan guarantees to or for other organization(s)			1d	Yes	
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			1f		No
g Purchase of assets from other organization(s)			1 g		No
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			1 i		No
j Lease of facilities, equipment, or other assets from other organization(s)			1 j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n Sharing of paid employees			1 n		No
• Reimbursement paid to other organization for expenses			10	Yes	
p Reimbursement paid by other organization for expenses			1р		No
q O ther transfer of cash or property to other organization(s)			1q		No
r Other transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	d relationships	and transaction thres	sholds		
		(b) Transaction		(c)	
Name of other organization		type(a-r)	Amour	t involv	ed
(1) (2)					
(3)					
(4)					
(5)					
(6)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Software ID: Software Version:

EIN: 20-1123519

Name: JEWISH FEDERATION OF OMAHA FOUNDATION

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

(A) Name and Title	(B) (C) Average Position (check all that apply)					ll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JAY NODDLE PRESIDENT	1 00	Х		х				0	0	0
DONALD GOLDSTEIN SECRETARY	1 00	Х		х				0	0	0
A N D R E W R O B I N S O N T R E A S U R E R	1 00	Х		х				0	0	0
STEVEN BLOCH DIRECTOR	1 00	Х						0	0	0
PAUL EPSTEIN DIRECTOR	1 00	Х						0	0	0
MICHAEL ERMAN DIRECTOR	1 00	Х						0	0	0
CARL RIEKES DIRECTOR	1 00	Х						0	0	0
JOSEPH KIRSHENBAUM DIRECTOR	1 00	Х						0	0	0
MURRAY NEWMAN DIRECTOR	1 00	Х						0	0	0
LARRY ROFFMAN DIRECTOR	1 00	Х						0	0	0
HARLEY SCHRAGER DIRECTOR	1 00	Х						0	0	0
TED SELDIN DIRECTOR	1 00	Х						0	0	0
FREDERICK SIMON DIRECTOR	1 00	Х						0	0	0
SUZANNE RICHARDS SINGER DIRECTOR	1 00	Х						0	0	0
NORMAN VEITZER DIRECTOR	1 00	Х						0	0	0
JORDANA GLAZER DIRECTOR	1 00	Х						0	0	0
ALLAN MUROW DIRECTOR	1 00	Х						0	0	0
MARTIN C RICKS ENDOWMENT DIRECTOR	40 00			х				0	123,404	14,625