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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Omaha Builders Exchange

Number and street (or P O box, if mail is not delivered to street address) Room/suite
4255 South 94th Street

City or town, state or country, and ZIP + 4
Omaha, NE 68127

D Employer identification number
47 0258572

E Telephone number
402-593-6908

F Group Exemption Number ►

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ► **Hybrid**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **http://omahaplanroom.com**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 50,171**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,225
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	9,830
6c	Less: direct expenses from gaming and fundraising events	6c	9,722	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	108	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	36,116	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,449	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,125
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	950
	13	Professional fees and other payments to independent contractors	13	1,202
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	7,023
	17	Total expenses. Add lines 10 through 16	17	15,300
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,149
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	273,612
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	32,731
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	331,492

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	273,612	22 331,492
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	273,612	25 331,492
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,612	27 331,492

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **Facilitation of a plan room**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Issue six (6) \$1,000 scholarships per year to students interested in the building trades		
(Grants \$ 6,000 00) If this amount includes foreign grants, check here ☐	28a	
29 Issue weekly construction updates in conjunction with Master Builders		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	
30 Issue a night time fax on a daily basis		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Tracy Mumford, The Schemmer Associates, 1044 N. 115th St., Ste 300, Omaha, NE 68154	President - 1 hr/week	0	0	0
Jay Stewart, Drake Williams Steel, 1602 North 11th St., Omaha, NE 68110	Vice President - 1 hr/week	0	0	0
Ron Wellendorf, Builders Supply Co., 5701 S. 72nd St., Omaha, NE 68127	Secretary/Treasurer-1hr/wk	0	0	0
Jason Tagge, Miller Electric, 2501 St. Mary's Ave., Omaha, NE 68105	Director - 1 hr/week	0	0	0
Rich Boone, Boone Brothers Roofing, 8909 Washington Circle, Omaha, NE 68127	Director - 1 hr/week	0	0	0
Darrell Fager, Fager Excavating, 6056 Wenninghoff Road, Omaha, NE 68102	Director - 1 hr/week	0	0	0
Dan Emanuel, Emanuel Construction Specialties, 415 South 14th St., Omaha, NE 68102	Director - 1 hr/week	0	0	0
Bob Wiechert, Lincoln Laminating, 5010 Rentworth Drive, Lincoln, NE 68516	Director - 1 hr/week	0	0	0
Blaine Wilcoxson, The Waldinger Corporation, 4226 South 80th St., Omaha, NE 68127	Director - 1 hr/week	0	0	0
Doug Tyser, McGill Brothers, 1402 S. 50th St., Omaha, NE 68106	Director - 1 hr/week	0	0	0
Alan Gilmore, O'Keefe Elevator, 1402 Jones St., Omaha, NE 68102	Director - 1 hr/week	0	0	0
Ron Baker, HDR, 8404 Indian Hills Drive, Omaha, NE 68114	Director - 1 hr/week	0	0	0
Jeff Meyerink, Watkins Concrete Block Co., 14306 Giles Road, Omaha, NE 68138	Director - 1 hr/week	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	
41 List the states with which a copy of this return is filed. ▶ N/A		
42a The organization's books are in care of ▶ Tracy Mumford Telephone no. ▶ 402-493-4800 Located at ▶ 1044 N. 115th St., Ste 300, Omaha, NE ZIP + 4 ▶ 68154		
b 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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **▶** _____

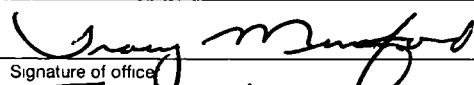
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

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

Sign Here		5/16/11
	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Stacia L. Falser		5-16-11		
	Firm's name ▶ Koley Jessen P.C., L.L.O.	Firm's EIN ▶ 47-0712652			
	Firm's address ▶ 1125 South 103rd Street, Suite 800, Omaha, NE 68124	Phone no ▶ 402-390-9500			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Omaha Builders Exchange

Employer identification number

47 0258572

Part I, Line 8 - Other Revenue

Master Builders Contract revenue received: \$36,116

Part I, Line 10 - Grants and Similar Amounts Paid

Scholarship (Amanda Zimmerman): \$1,000

Scholarship (Nicolas Turone): \$1,000

Scholarship (Travis Pigman): \$1,000

Scholarship (Jason Stigge): \$1,000

Scholarship (Amanda Zimmerman): \$1,000

Scholarship (Conor Ogden): \$1,000

Southeast Community College: \$125

TOTAL: \$6,125

Part I, Line 16 - Other Expenses

General Liability Insurance: \$350

Directors and Officers Insurance: \$800

Greater Omaha Chamber of Commerce Dues: \$300

Engraving of Plaques/Award: \$16

Conference Lunch Sponsorship: \$500

Advertising (website development): \$3,357

Expenses for Grill Out: \$600

Repayment of Director loan (interest free): \$1,000

Gift (President): \$100

TOTAL: \$7,023

Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Unrealized gains and losses on investments carried at market value: \$32,731

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Omaha Builders Exchange

Employer identification number

47 0258572

Part III, Line 31 - Other Program Services

Sponsors annual safety seminars in Omaha, Nebraska