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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ 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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1 , 2011, and ending December 31 , 20 11

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

C Name of organization
Omaha Builders Exchange, Inc.

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**

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 . . . . . ▶ $ **(9,356)**

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	1,960
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(58,681)
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ 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	10,055	
	c	Less: direct expenses from gaming and fundraising events	6c	10,662	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	(607)
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	37,311
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	(20,018)
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	7,500
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2,308
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	3,713
	17	**Total expenses.** Add lines 10 through 16		17	13,521
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(33,539)
	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	331,492
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	40,349
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	371,841

9-5 10

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	331,492	22	371,841
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	331,492	25	371,841
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	331,492	27	371,841

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 . . ☐

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

What is the organization's primary exempt purpose? **Facilitation of a plan room**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **Issue seven (7) $1,000 scholarships per year to students interested in the building trades.**

(Grants $ 7,000) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 **Issue weekly construction updates in conjunction with Master Builders**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 **Issue a night time fax on a daily basis**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jay Stewart, Drake Williams Steel 1602 North 11th Street, Omaha, NE 68110	President - 1 hr/week	0	0	0
Ron Wellendorf, Builders Supply Co. 5701 S. 72nd Street, Omaha, NE 68127	Vice President - 1 hr/week	0	0	0
Doug Tyser, McGill Brothers 1402 S. 50th Street, Omaha, NE 68106	Secretary/Treasurer - 1 hr/week	0	0	0
Tracy Mumford, The Schemmer Associates 1044 N. 115th Street, Suite 300, Omaha, NE 68154	Past President - 1 hr/week	0	0	0
Jason Tagge, Miller Electric 2501 St. Mary's Avenue, 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 Street, 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 Street, Omaha, NE 68127	Director - 1 hr/week	0	0	0
Ron Baker, HDR 8404 Indian Hills Drive, Omaha, NE 68114	Director - 1 hr/week	0	0	0
Alan Gilmore, O'Keefe Elevator 1402 Jones Street, Omaha, NE 68102	Director - 1 hr/week	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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			
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 ▶ Jason Tagge Telephone no. ▶ 402-522-9167			
	Located at ▶ 2501 St. Mary's Avenue, Omaha, NE ZIP + 4 ▶ 68105			
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 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			

			Yes	No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

▶ Signature of officer — Date

▶ Treasurer JASON TAGGE — 11-27-12

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Meagan Deichert	Meagan Deichert	11-27-12		

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

2011

Open to Public Inspection

Name of the organization
Omaha Builders Exchange

Employer identification number
47 0258572

Part I, Line 8 - Other Revenues

Master Builders Contract revenue received: $37,036

Fees from Web Directory: $275

Part I, Line 10 - Grants and Similar Amounts Paid

Scholarship (Amanda Zimmerman, first half): $1,000

Scholarship (Connor Ogden): $1,000

Scholarship (Jason Stigge): $1,000

Scholarship (Amanda Zimmerman, second half): $1,000

Scholarship (Brandon Erdman): $1,000

Scholarship (Nicholas Turone): $1,000

Scholarship (Victor Gonzalez): $1,000

Southeast Community College: $500

TOTAL: $7,500

Part I, Line 16 - Other Expenses

Non-profit Biennial Report to Nebraska Secretary of State: $20

General Liability Insurance: $319

Directors and Officers Insurance: $800

Omaha Chamber of Commerce Membership Dues: $300

Banking Fees: $105

Master Builders of Iowa Lunch Sponsorship: $302

Annual Members Barbeque (United Rent-All and help from Tember Ellis and Miranda Davis): $867

Gift to Jill Zehr: $650

Gift to Lisa Shockey: $350

TOTAL: $2,313

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

Unrealized gains and losses on investments carried at market value: $40,349

Name of the organization	Employer identification number
Omaha Builders Exchange	47 0258572

Part IV - Additional Directors

Jeff Meyerink, Watkins Concrete Block Co. (b) Director - 1 hr/week; (c) 0; (d) 0; (e) 0

14306 Giles Road, Omaha, NE 68138

ATTACHMENT TO FORM 990 EZ

Omaha Builders Exchange – EIN 47 0258572

Schedule of Revenues and Expenses

Line 4	American National Savings Account – Interest Income	$77.99
	FSC Securities Account – Total Dividends	$1,881.92
	TOTAL:	**$1,959.91**
Line 5c	FSC Securities Account – Total Short-Term Gain/Loss	($5,720.72)
	FSC Securities Account – Total Long-Term Gain/Loss	($52,960.58)
	TOTAL:	**($58,681.30)**
Line 6b	Golf Fundraiser Entry of Advertising Fees	$10,055.00
Line 6c	Allen-Cook Marketing (Golf Kit Giveaways)	($1,468.42)
	SignIT – Golf Outing Sponsor Signs	($79.44)
	Shadow Ridge Country Club	($9,105.00)
	4 Seasons Awards	($9.36)
	Line 6c Total:	($10,662.22)
	TOTAL (Line 6b – Line 6c):	**($607.22)**
Line 8	Master Builders Contract Payment	$37,035.52
	Fees from Web Directory	$275.00
	TOTAL:	**$37,310.52**
Line 9	**REVENUE GRAND TOTAL:**	**($20,017.57)**

Line 10	Amanda Zimmerman Scholarship (first half)	$1,000.00
	Connor Ogden Scholarship	$1,000.00
	Jason Stigge Scholarship	$1,000.00
	Amanda Zimmerman Scholarship (second half)	$1,000.00
	Brandon Erdman Scholarship	$1,000.00
	Nicholas Turone Scholarship	$1,000.00
	Victor Gonzalez Scholarship	$1,000.00
	Southeast Community College	$500.00
	TOTAL:	**$7,500.00**
Line 13	Professional Fees – Koley Jessen	$1,221.92
	Web Site Services from Michael Tiehen	$1,086.05
	TOTAL:	**$2,307.97**
Line 16	NE Secretary of State Non-profit Biennial Report	$20.00
	General Liability Insurance	$319.00
	Director and Officer Insurance	$800.00
	Omaha Chamber of Commerce Membership Dues	$300.00
	Banking Fees (reorder checks, IBank Access)	$105.15
	Master Builders of Iowa Lunch Sponsorship	$301.73
	Annual Members Barbeque (United Rent-All and help from Tember Ellis and Miranda Davis)	$867.17
	Gift to Jill Zehr	$650.00
	Gift to Lisa Shockey	$350.00
	TOTAL:	**$3,713.05**
Line 17	**EXPENSES GRAND TOTAL:**	**$13,521.02**