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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Inspection

Form **990** (2012)

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2012 cal	endar year, or tax y			7/1/2012		nding		0/2013		
В	Check if	applicable.	C Name of organization	14/11/014/	L COUNCIL	OF JEWISH	WOMEN -	OMAH	D Employer	r identificati	on number	
	Address	change	Doing Business As						47-046275	3		
\Box	Name ch	ange	Number and street	(or P.O box if mail is	not delivered t	o street address)	Room/suite		E Telephone		·	
=	initia! retu	•	CIO EII EENI DEN	AED 15710\A/II	LIAMOT		109		(402) 207 1	2240		
=	Terminat		C/O EILEEN REN	ffice, state, and ZIP			1109		(402) 397-2	2349		
\equiv			•	moc, state, and En	~	NIC"	69430		G Gross ma	oundo E		74.050
=	Amended		OMAHA			<u>NE</u>	68130		G Gross rec			74,856
	Application	on pending	F Name and address	- <u>`</u> -`	-			1	pis a group reti		tes?Yes	X_No
			HOLLY WEILL, P	RESIDENT 621	9 N 159TH	CIRCLE, OM	<u> AHA, NE 68</u>	nA (d)H	e all affiliates in	cluded?	Yes[No.
1 1	ax-exem	pt status.	X 501(c)(3)	501(c) (4947(a)(1) or 527	lf"	No," attach a la	st. (see instr	uctions)	
1.1	Vaheite	· P nciv	womaha@jewishoi				<u> </u>	H/c) Gm	oup exemption	number 🕨		
					. —							
		rganization.	Corporation	Trust X Ass	ociation	Other ▶	L Ye	ar of forma	ation 1896	M State	of legal domicile	NE_
	art I		mmary									
	1	Briefly d	lescribe the organi	ization's missior	n or most sig	gnificant activi	ities: <u>NCJ</u>	W-OM/	AHA SECTI	ON IS A \	OLUNTEER	
		ORGAN	IIZATION THAT W	ORKS THROU	GH A PROC	FRAM OF RE	SEARCH, A	DVOCA	CY, COMM	UNITY S	ERVICE AND)
ဦ	1	EDUCA	TION TO IMPROV	E THE QUALIT	Y OF LIFE	FOR WOMEN	I, CHILDRE	N, AND	FAMILIES	AND ST	RIVES TO	
Ē		ENSUR	E INDIVIDUAL RIC	GHTS AND FRE	EDOMS FO	OR ALL.			<u></u>			
Activities & Governance	2	Check t	his box ▶ if the	ne organization	discontinue	d its operation	ns or dispose	ed of me	ore than 25°	% of its no	et assets.	
ŏ	3		of voting member					03		3		25
8	4		of independent vo					1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4		25
ş	5		ımber of individual				Valine Sal		". 13.1	5		0
ᇴ	6		imber of volunteer			2012		ຸ າ ດຳ	1g . / CE.	6		
	7a		related business r	•	• •	nn (C) line 1		, (f. &.	`	7a	 	0
	'b		elated business ta				1 11/10	- THE PERSON	111	7b		0
	+ -	146t uille	sialeu busiiless la	Aabie ilicollie ili	Jili i Oilli 99	0-1, III 16 5-1, 10	3\ **	DEN	Prior Year	170	Current Year	
	8	Contribu	utions and grants (Part VIII line 11	•)	\			25	3,686		
99	9		n service revenue		•		1 OB			0		23,461
Revenue	_	_		•	•	 and 7d\	·\					242
2	10		ent income (Part \				15)			418		212
	11		evenue (Part VIII, o				•	<u> </u>		2,833		33,800
	12		enue—add lines 8 th					_		3,937		57,473
	13		and similar amoun	•	• •	•			12	2,118		56,621
	14		paid to or for mer							0		0
88	15		other compensation		•		•	<u> </u>		0		0
8U8	16a		ional fundraising fe					-		0		0
Expenses	b		ndraising expenses	-								
	17		cpenses (Part IX, c							7,780		<u>38,434</u>
	18		penses. Add lines				ine 25) . .			9,898		<u>95,055</u>
	19_	Revenue	<u>e less expenses. S</u>	Subtract line 18	from line 12	<u> </u>	<u> </u>			7,039		37,582
Net Assets or Fund Balances		T-4-1	4- (D4 V 15 4	0)				Beginn	ing of Current		End of Year	
Bala	20		sets (Part X, line 1					<u> </u>	106	5,081		58 <u>,499</u>
i et	21		bilities (Part X, line		24 fram lin			ļ	400	0		0
			ets or fund balance	es. Subtract line	∠1 from line	<u> 20</u>	· · · · · ·	L	106	,081		8,499
	rt II		nature Block									
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and	boliot, it is	1	F 1	P	oter diam officer) is based on air i	IIIOIIII AAOII OI WI	nor prepa	lei nas any kik	wiedge		
Sig	n	· │ ፆ ·	Signature of officer	-eme					Doto.	7 7		
He	re		•						Date	1/17/14	,	
		 	Eileen, Tr									
			Type or print name and Type preparer's name	une	Dmnamda a	e anaturo		10			DTN	
Pai	d	Frint	rype preparers name		Preparer's s	oll -	$\cdot \cap$	Date		heck 🔀	PTIN	
		5	COTTM. FR	SIEDMAN	Scar	4WHZ	ullen	- W		elf-employed	7 POO9 5	6442
	parer	F:	's name						Firm'e EIM	クニート	1266115	
Us	e Only			Scott M. Frie	dman, C.P.	А.						
			's address ▶	13007 Fr	ances St				Phone no	07-3	30-5159	
Ma	/ the IF	RS discus	s this return with t	he preparer she	Managhowa?	(see instruction	ons)				X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

orm 9	VO (MICHOLOGY)	462753	Page ∡
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. X
		· · · ·	· [Δ]
1	Briefly describe the organization's mission: NCJW-OMAHA SECTION IS A VOLUNTEER ORGANIZATION THAT WORKS THROUGH A PROGRAM OF R ADVOCACY, COMMUNITY SERVICE, AND EDUCATION TO IMPROVE THE QUALITY OF LIFE FOR WOMEI CHILDREN, AND FAMILIES, AND STRIVES TO ENSURE INDIVIDUAL RIGHTS AND FREEDOMS FOR ALL.	N.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X-No
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$ 46,168) (Revenue \$ GRANTS TO ROSE BLUMKIN JEWISH HOME FOR THE ELDERLY FOR EQUIPMENT PURCHASES	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$ 5,281) (Revenue \$ MINI-GRANTS TO OMAHA TEACHERS FOR SPECIAL LEARNING PROJECTS		
1			
			· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$ 1,448) (Revenue \$ GRANT TO JACKSON ELEMENTARY SCHOOL FOR COMPUTER PURCHASES)
			· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 3,724) (Revenue \$	0)	

T al	Checklist of Required Schedules			_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6				===
	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	82 KP 92	X
b	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.	11b		X
С	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.	11c		X
d	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.	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		X
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			.,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\hat{x}}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ı	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I (see instructions)			v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	\dashv	Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G. Part III		\Box	
20a	If "Yes," complete Schedule G, Part III	19 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		_x_
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	100		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	72P	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31	\dashv	<u>X</u>
-	If "Yes," complete Schedule N, Part II	32	ļ	Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_ <u></u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{\hat{x}}{x}$
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\neg	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	2015
		rom	990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V. Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . 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. (see instructions) 3a-3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 If "Yes," enter the name of the foreign country. ▶ See instructions for 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . C 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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 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? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 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| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

NATIONAL COUNCIL OF JEWISH WOMEN - OMAHA SECTION Form 990 (2012) 47-0462753 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI....... Section A. Governing Body and Management

				162	NO
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 2	5		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	4.			
b	Enter the number of voting members included in line 1a, above, who are independent		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	•			
	any other officer, director, trustee, or key employee?				_X-
3	supervision of officers, directors, or trustees, or key employees to a management company or		3	İ	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	-	4		x
4 5	Did the organization become aware during the year of a significant diversion of the organization		5		x
6	Did the organization have members or stockholders?		6	X	 ^-
7a	Did the organization have members, stockholders, or other persons who had the power to elec		-	 ^	
, a	one or more members of the governing body?	гог арроліс	7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members and approval by members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are any governance decisions of the organization reserved to (or subject to approval by) members are also approved to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to approve to the organization reserved to (or subject to the organization reserved to (or subjec		1.0	 ^-	
-	stockholders, or persons other than the governing body?		7b	x	1
8	Did the organization contemporaneously document the meetings held or written actions undert				
	the year by the following:	_			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		Ì		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	nternal Revenue (Code.)		
100	Did the erganization have local chapters, branches, or offiliates?		40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
U	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a	-	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore ming are form: .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	200	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	~			
	describe in Schedule O how this was done		12c	,	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and ap				
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	on and decision?			
a	The organization's CEO, Executive Director, or top management official.		15a		
b	Other officers or key employees of the organization	• • • • • • •	15b		20121
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angament.			
104	with a taxable entity during the year?	angement	460	(V) (S)	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ex		16a		X
_	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		100		
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 Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501	(c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply.			• •	
		kplain in Schedule C			
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	nts, conflict of intere	st		
20	policy, and financial statements available to the public during the tax year.				
711	National regime in the property of the property of the participation of	vo ond rocerds of th			

15710 WILLIAM CT., #109, OMAHA, NE 68130

organization: EILEEN REMER

	NATIONAL COUNCIL OF ITMIS	LLVA/ONAENI O	NAALI	۸ ۵	-01		.1			47.04603	752 2 7
Form 990 (2012) Part VII	NATIONAL COUNCIL OF JEWIS Compensation of Officers, Dire							s F	lighest Comp	47-04627 ensated	753 Page 7
T are vii	Employees, and Independent C Check if Schedule O contains a re	ontractors									
Section A.	Officers, Directors, Trustees, Key I										<u> </u>
1a Complete organization's	this table for all persons required to be tax year.	e listed. Report	comp	ens	atio	on fo	or the	cal	endar year endi	-	
of compensat List all List the who received	of the organization's current officers, ion. Enter -0- in columns (D), (E), and of the organization's current key emperorganization's five current highest correportable compensation (Box 5 of Found any related organizations.	(F) if no compe loyees, if any. S impensated em	ensati See in ploye	on v stru	was ctio	pai ns t er tl	d. for de han a	finit n of	tion of "key emp	loyee." rustee, or key er	nployee)
• List all	of the organization's former officers, keeportable compensation from the organization .								d employees wi	no received mor	e than
	of the organization's former directors more than \$10,000 of reportable comp				-		-		•		e of the
	n the following order: individual trusted employees; and former such persons		nstitu	itior	al t	rust	ees;	offic	ers; key employ	ees; highest	
X Check th	is box if neither the organization nor a	ny related orgar	nizatio	on c	om	pen	sated	l an	y current officer	, director, or trus	stee.
	(A) Name and Title	(B) Average hours per	box,	unle: er an	Pos neck ss pe d a d	erson	e than one is both	n an lee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HOLLY	WEILL				х						
(2) EILEEN	REMER										
TREASURER					Х			_			
(3) LISA LU SECRETARY					х						
(4) PATTY FIN'L SECRE	TARY				Х						
(5) JANIS I PAST PRESII					х						
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											·
(12)											

P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			High	est	Compensated	Employees (c	ontinued)	
	(A) Name and trile	(B) Average	box, i	unles	Pos leck is pe	ะเรอก	than	n an	(D) Reportable	(E) Reportable	Estin	
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou ott comper from organi and re organia	ner nsation the ization elated
(15)				-		-						
(16)												
(17)												
(18)											 	
(19)					_	-						
(20)					_							
(21)					-							
(22)								 			<u> </u>	
(23)												
(24)												
(25)												
1b c	Sub-total	Section A						. ▶	0			(
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to those	listed	i ab	ove 0	e) wl	ho re	ceiv	red more than \$		'	
3	Did the organization list any former officer, die employee on line 1a? <i>If "Yes," complete Sche</i>	rector, or trustee		en en	nplo	yee		-	est compensate		Y(es No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	of reportable co	ompe	nsa	tior						4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "										5	X
Sec	tion B. Independent Contractors	roo, complete t	201101	<i>34</i> ,0		0, 0	uon	,,,,		· · · · · ·	131	
1	Complete this table for your five highest comp compensation from the organization. Report c year.											
	(A) Name and business add	ress							(B) Description of ser	rvices	(C) Compensat	ion
								L				
							-	\vdash				
		0 1						Ĺ			er englisher englis	(
2	Total number of independent contractors (inclimore than \$100,000 of compensation from the		nited ►	to t	nos	e lis	ited a		ve) who receive	d		

Part VIII Statement of Revenue

		Check if Schedule O contain	s a response to	any question in	this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
ant an	b	Membership dues	<u>11</u>	8,629				
	C	Fundraising events	<u>10</u>	2 0				
# F	d	Related organizations	10	1 0			X	
8, E	е	Government grants (contribution	ns) 1e	0				
tor	f	All other contributions, gifts, gra	nts, and					
ᅙᆖ	-	similar amounts not included ab	ove 11	14,832				
Contributions, and Other Sim	g	Noncash contributions included in I	ines 1a-1f: \$	0				
ٽ ق	h	Total. Add lines 1a-1f			23,461			
		\3		Business Code				
n e	2a				0			
Ş	b				0			
9	C				Ō			
7	d				0			
S	e				0	-		· · · · · ·
Program Service Revenue	f	All other program service reven	ıe		0			
P3	ď	Total. Add lines 2a-2f			0			
	3	Investment income (including di				The state of the s		The state of the s
		other similar amounts)			212			
	4	Income from investment of tax-	exempt bond pi	roceeds	0			
	5	Royalties	•		O			
		•	(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)			0	The same to the sa		
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory .		0 0				
	ь	Less: cost or other basis						
	-	and sales expenses		ol o				
	C	Gain or (loss)		0 0				
	d	Net gain or (loss)		· 1	0			
		(,						
9	8a	Gross income from fundraising		ľ				
ē		events (not including \$	0					5
ě		of contributions reported on line	1c).					
ŭ.		See Part IV, line 18		51,183				
Other Revenue	b	Less: direct expenses			350 - 6 - 7 - 7 - 7 - 7 - 7 - 7			
δ	C	Net income or (loss) from fundra			33,800			
	9a		-	 		S-25-27 (-1-1-1)		
		See Part IV, line 19		1 0			Section 1	
	b	Less: direct expenses						
	c	Net income or (loss) from gamin			0	ing and a series of a series o	T. Carlotte State Control of the Con	
	10a			<u> </u>				
		returns and allowances	a	l 0				
	b	Less: cost of goods sold			The second secon			
		Net income or (loss) from sales			n	to the first of the state of the state of		
ı		Miscellaneous Revenue						
ŀ	11a	TARACCICATOOGO TOO GATA		1	0	an in the state of the state of the state of the		
	b				0			
	2				0			
	ų	All other revenue			0			
	J	Total. Add lines 11a-11d		<u> </u>				
	12	Total revenue. See instructions			57 47 3			0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns. All othe	r organizations mu	st complete column	(A).
	Check if Schedule O contains a response to any	question in this Pa	rt IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	56,621	56,621		
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	_United_StatesSee Part IV, lines-15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		 		
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				·
а	Management	ol			
b	Legal	0			
C	Accounting	700		700	
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	Manager Commission of the second seco		
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	ol			
12	Advertising and promotion	178		178	
13	Office expenses	754		754	
14	Information technology	0		,,,,	
15	Royalties	Ö			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	2,662		2,662	
20	Interest	0		2,002	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			<u>_</u>
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PUBLICATIONS	1,455		1,455	
b	FUNDRAISING	1,753		1,753	·
С	PER CAPITA DUES & NATL PROGRAM SUPPORT	30,108		30,108	
d	MEMBER SERVICES	266			
e	All other expenses	558			
25	Total functional expenses. Add lines 1 through 24e .	95,055	56,621	37,610	0
26	Joint costs. Complete this line only if the	,=00	,	2:,510	<u>_</u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶☐ if				
	following SOP 98.2 (ASC 958-720)				

	1 2	Cash—non-interest-bearing		Beginning of year		End of year
	2	Casir—non-interest-bearing		3,926	1	22,700
		Savings and temporary cash investments		102,155	2	45,799
	3	Pledges and grants receivable, net	[0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and t	former officers, directors,			
		trustees, key employees, and highest compens Complete Part II of Schedule L			5	
Assets	6	Loans and other receivables from other disqualified person 4958(f)(1)), persons described in section 4958(c)(3)(B), aid sponsoring organizations of section 501(c)(9) voluntary errorganizations (see instructions). Complete Part II of Scheme	nd contributing employers and mployees' beneficiary		6	
88	7	Notes and loans receivable, net	[0	7	0
⋖	8	Inventories for sale or use	[8	
	9	Prepaid expenses and deferred charges			9	
1	0a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a 0			
	b	Less: accumulated depreciation	10b 0	0	10c	0
1	1	Investments—publicly traded securities		0	11	0
	2	Investments—other securities. See Part IV, line		0	12	0
ı	3	Investments—program-related. See Part IV, lin		0	13	0
	4	Intangible assets		0	14	0
	5	Other assets. See Part IV, line 11		0	15	0
	6	Total assets. Add lines 1 through 15 (must equ		106,081	16	68,499
	7	Accounts payable and accrued expenses			17	
1	8	Grants payable			18	
	9	Deferred revenue			19	·
	20	Tax-exempt bond liabilities		20		
	11	Escrow or custodial account liability. Complete		21	Security of marries as a soliton	
ë Z	2	Loans and other payables to current and forme				
Liabilities		trustees, key employees, highest compensated disqualified persons. Complete Part II of Sched	lule L [22	
-	3	Secured mortgages and notes payable to unrel		0	23	0
1 -	4	Unsecured notes and loans payable to unrelate		0	24	0
2	5	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line				
ا		Part X of Schedule D	· · · · · · · <i>· · ·</i> <u>}</u>	0	25	0
g 2	0	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 95	8), check here▶ X and	0	26	0
[일	_	complete lines 27 through 29, and lines 33 a	RS .			
<u>e</u> 2		Unrestricted net assets		-77,557	27	75,335
m 2		Temporarily restricted net assets		183,638	28	143,834
돌 ²⁵	y	Permanently restricted net assets	E	A VISCOS CONTRACTOR OF THE CON	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), a complete lines 30 through 34.	check here ► and			
월 30	0	Capital stock or trust principal, or current funds		30		
8 3·	1	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
ㅎ 3	2	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž 3		Total net assets or fund balances	[106,081	33	68,499
34	4	Total liabilities and net assets/fund balances .	<u> </u>	106,081	_	68,499

FORM S	990 (2012) NATIONAL COUNCIL OF JEVVISH WOMEN - OMAHA SECTION	4/	-0462753	Pag	је 12
Part	XI Reconciliation of Net Assets	-			-
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57	,473
2	Total expenses (must equal Part IX, column (A), line 25)	2			,055
3	Revenue less expenses. Subtract line 2 from line 1	3		-37	,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		106	,081
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net_assets_or_fund_balances_at_end_of_year,-Combine-lines-3-through-9-(must-equal-Part-X, line-33,		- · · · 		
	column (B))	10		_68	,499
Part					
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	L	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b		X
С	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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		
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form S	90 (2	2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

►See separate instructions.

		organization							Employe	r identificat		er	
				OMEN - OMAHA SEC				Abia aaa	A) Coo in		<u>462753</u>	.	
Par	_			arity Status (All orgation because it is: (Fe						istruction	<u>1S.</u>		
1	" آ			rches, or association						i).			
2	Ħ	•		on 170(b)(1)(A)(ii). (A					(~)(-)(-,-			
3	Ħ			hospital service organi		•	section	170(b)(1)	(A)(iii).				
Δ	Ħ	•	•	ation operated in conju					• • • •)(b)(1)(A)	(lii)Er	ter-the	·
	LJ.		ıme, city, and st	-									
5		_	•	r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nit desc	ribed	
6		A federal, st	ate, or local gov	remment or governme	ntal unit o	described	in sectio	n 170(b)(1)(A)(v).				
7				ly receives a substant (1)(A)(vi). (Complete		its suppo	rt from a	governme	ental unit o	or from th	e gene	ral pub	lic
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9	An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)												
10		An organiza	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee sectio	n 509(a)((4).			
11 e		purposes of 509(a)(3). C a Type By checking persons other	one or more putheck the box that I b T T this box, I certification.	fy that the organization on managers and other	nizations of of support e III–Fund n is not co	described ting organ ctionally in ontrolled d	in sectior ization ar itegrated lirectly or	n 509(a)(1 nd comple d) or section te lines 1 ype III–N by one or	on 509(a) 1e throug on-function	(2). Seo th 11h. onally ir squalifie	e secti itegrat id	ed
f g		If the organization	zation received and check this box st 17, 2006, has	a written determination						e III supp	orting 		
				or indirectly controls,	either alo	ne or toge	ether with	persons (described	l in (ii)		Yes	No
		and (ii	i) below, the go	verning body of the su	pported o	organizatio	on?				11g(i)		
				person described in (i							11g(ii)		
_		(iii) A 35%	controlled entit	ty of a person describe ation about the suppor	ed in (i) or	(ii) above	€?				11g(iii)		
<u>h</u> (i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organıza (i) organı	Is the tion in col. ized in the S?	(vii) An	ount of mo	onetary
					Yes	No	Yes	No	Yes	No	<u> </u>		
A)													
B)													
C)													
D)													
E)													
[otal													

Pai	Support Schedule for Organizat						
	(Complete only if you checked the Part III. If the organization fails to						under
Sec	tion A. Public Support	quality under t	ile tests liste	d below, pieas	se complete r	art III.)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(2) 2000	(6) 2000	(6) 2010	(u) 2011	(6) 2012	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	}					0
2	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf	اه ا	n	٥	o	o	0
3	The value of services or facilities				0		
	furnished by a governmental unit to the	i					
	organization without charge	l ol	0	l o			0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	71.70				9-21-22-15-2	
	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)						
6	Public support. Subtract line 5 from line 4.					570000	0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	o	0	o	0	0	0
8	Gross income from interest, dividends,		-				
	payments received on securities loans,						
	rents, royalties and income from similar	l				1	
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
44	(Explain in Part IV.)		1.000		55 mm and 1800 mm and 1800 mm and 1800 mm		0
11 12	Total support. Add lines 7 through 10.						0
13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or	ee instructions))		· · · · [12	(0)
10	organization, check this how and ston here	gariization s ilis	si, second, inii	a, lourer, or fire	n tax year as a	section 501(c)	(3)
Cool	organization, check this box and stop here		• • • • •	• • • • •	· · · · · ·	• • • • •	<u>···▶</u>
14	ion C. Computation of Public Support Public support percentage for 2012 (line 6, c		ad builtan dd			44	
15	Public support percentage from 2011 Sched	iulo A. Post II di	ed by line 11, 0	201Umn (T))	• • • • •	14	0.00%
16a	33 1/3% support test—2012. If the organiza	tion did not ch	ne 14	line 12 and lin	[15	0.00%
	and stop here. The organization qualifies as	anon did not che a nublicly sun:	noted organiz	ation	le 14 is 33 1/3	% or more, cne	CK this box
ь	33 1/3% support test—2011. If the organiza	tion did not ch	ported organiz	auoii ne 13 or 16a s			· · · ▶ L
-	box and stop here . The organization qualifie	s as a nublicly	supported ord	ne 13 01 10a, a enizetion		5 1/3% OF MORE	e, check this
17a							
1 / a	10%-facts-and-circumstances test—2012. is 10% or more, and if the organization meet	in the organization the	tion did not ch	eck a box on III	ne 13, 16a, or	16b, and line 1	4
	Part IV how the organization meets the "facts	s and aircumet	proce" toot. Th	es lest, check	unis box and si	op nere. Expla	in in
	organization						tea
b	10%-facts-and-circumstances test—2011.	If the organiza	ion did not ab				▶∟
	15 is 10% or more, and if the organization m	n the organizations the "facts.	and-circumete	our a bux uii iii	re 10, 108, 101 ok thie hav an	o, or iza, and l	mi d Volcin in
	Part IV how the organization meets the "facts	s-and-circumete	ances" test. Th	n organization	analities as a di	aublick Aublick	Apiain in
	supported organization						. □
18	Private foundation. If the organization did n						· · · •

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			p	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(0) = 000		(4) = 0 : 1	(0) 10:1	(1) / 014.
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	44,160	41,429	26,197	23,686	23,461	158,933
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 purpose	44,941	42,449	37,194	33,238	51,183	209,005
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	0	0	0	0		0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	_	_		_		
_	its behalf	0	0	0	0	i	0
5	The value of services or facilities						
	furnished by a governmental unit to the		_1				
_	organization without charge	0	0	0			0
6	Total. Add lines 1 through 5	89,101	83,878	63,391	56,924	74,644	367,938
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons	0	0	0	0	0	0
D	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	0		ر			•
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	U	U	U	U	U	0
•	line 6.)						267.020
Sec	tion B. Total Support						367,938
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(D. Total
-	naar your (or nood) your beginning my				(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	89,101	83,878	63,391	56,924	74,644	367,938
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	2,701	1,832	8	418	212	5,171
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses		_			1	
	acquired after June 30, 1975	0	0	0	0	0	0
-	Add lines 10a and 10b	2,701	1,832	8	418	212	5,171
11	Net income from unrelated business					1	
	activities not included in line 10b, whether			اء	_	_	
42	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets			ĺ			
	(Explain in Part IV.)	o	ما	ام		ا	
13	Total support. (Add lines 9, 10c, 11,		0	- 0	0	0	0
13	and 12.)	91,802	85,710	63,399	57 242	74.050	272 400
14	First five years. If the Form 990 is for the organiza			ur fifth tay year or	57,342	74,856	373,109
•	organization, check this box and stop here		· · · · · ·		s a section sor(t	<i>)</i> (3)	▶□
Soot	<u>-</u>		· · · · · ·	· · · · ·	· · · · · ·		· · • •
15	tion C. Computation of Public Support		40 (0)			46	
16	Public support percentage for 2012 (line 8, column					15	98.61%
	Public support percentage from 2011 Schedule A, Fion D. Computation of Investment Inco	me Dercente	<u></u>	· · · · ·	1	16	97.69%
17	Investment income percentage for 2012 (line 10c, c			mn (f))		17	4.00%
18	Investment income percentage from 2011 Schedule						1.39%
19a	33 1/3% support tests—2012. If the organization of			 and line 45 is me.		18	2.31%
, <i>3</i> d	not more than 33 1/3%, check this box and stop he						ू । ज
ь	33 1/3% support tests—2011. If the organization d						. X
J	line 18 is not more than 33 1/3%, check this box an						. □
20	Private foundation. If the organization did not chec					_	·· 【片
	iveniuguvii. ii uid vidalikalivii did litt Cilet		- 124 OF 180 C		see memirini	IN.	

Schedule A (Form	990 or 990-EZ) 2012	NATIONAL	COUNCIL OF	JEWISH WOM	IEN - OMAHA S	ECTION	47-0462753	Page 4
Part IV	Supplemental	Information	. Complete ti	his part to prov	vide the explan	ations required	by Part II, line 1	
							information. (S	
	instructions).		•	•		•	•	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy-Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** NATIONAL COUNCIL OF JEWISH WOMEN - OMAHA SECTION 47-0462753 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 > \$ Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1)(2) (3) (4) (5)

(6)

Schedule C (Form 990 or 990-EZ) 2012

SUR	Stule C (FUIII 990 OI 990-EZ) 2012					Page Z
P	art II-A Complete if the organiza under section 501(h)).	ntion is exe	mpt under section (501(c)(3) and filed	Form 5768 (elec	
A	Check ▶ if the filing organization name, address, EIN, e	•	• • •		• •	member's
В	Check ▶ if the filing organization	•			•	
		obbying Ex			(a) Filing	(b) Affiliated
	(The term "expenditures			d.)	organization's totals	group totals
1a	Total lobbying expenditures to influence				0	0
Ъ	Total lobbying expenditures to influence				o o	0
C	Total lobbying expenditures (add lines	-			0	0
_ d _	_Other_exempt-purpose-expenditures	 	=		0	0
е	Total exempt purpose expenditures (ac	dd lines 1c ar	nd 1d)		0	0
f	Lobbying nontaxable amount. Enter the					
	columns.		·		o	0
[If the amount on line 1e, column (a) or (b)	is: The lo	obbying nontaxable amo	unt is:		
	Not over \$500,000		of the amount on line 1e.			Y
	Over \$500,000 but not over \$1,000,000	\$100,0	000 plus 15% of the exces	ss over \$500,000.		
ļ	Over \$1,000,000 but not over \$1,500,000		000 plus 10% of the exces			
	Over \$1,500,000 but not over \$17,000,000		000 plus 5% of the excess	over \$1,500,000.		
	Over \$17,000,000 \$1,000,000.					
g	Grassroots nontaxable amount (enter 2		=		<u> </u>	0
h	Subtract line 1g from line 1a. If zero or				0	0
i	Subtract line 1f from line 1c. If zero or I				<u> </u>	0
J	If there is an amount other than zero or					7
	section 4911 tax for this year?	· · · · · ·	· · · · · · · · · · ·	· · · · · · · ·	<u> </u>	Yes No
	(Some organizations tha	at made a se	aging Period Under S ection 501(h) election instructions for lines	do not have to com		
	Lobb	ying Expen	ditures During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					0
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount			0	0	0
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots Johnving expenditures				j j	

A NO NO X X X X X X X X X X X X X X X X X		(b)	0
X X X X X X X X X X X X X X X X X X X	Am	nount	
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X			0
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			0
3			
4			
5	-		0
I-A (affi	liated g	roup	
, 0	or se Part 1 2a 2b 2c 3	or section) Part III-A, I 1 2a 2b 2c 3	or section Part III-A, line 3 1 2a 2b 2c 3

Sched	NATIO	, DNAL COUNCIL OF JE m 990 or 990-EZ) 2012	WISH WOMEN - O	MAHA SECTIO	N		47-0462753	Page 4
Par	t IV	Supplemental Info	rmation (continue	d)				
			<u> </u>					
								<i></i>
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

47-0462753 NATIONAL COUNCIL OF JEWISH WOMEN - OMAHA SECTION Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 1,000, Revenue: 0 PHYSICALLY AND VISUALLY IMPAIRED FUND Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 724 Revenue: 0 COMMUNITY SERVICE PROJECT Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: 0 YAD B YAD Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: 0 OMAHA COMMUNITY SERVICES Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 2,000, Revenue: 0 PEACE OFFICERS DONATION Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: **0 MISCELLANEOUS COMMUNITY SUPPORT DONATIONS**

Name of the organization	Employer identification number
	47-0462753
NATIONAL GOOD OF SEVIOLE VOMEN GOOD TON	., 0.02.00
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•••••••••••••••••••••••••••••••••••••••	
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1 Federated Campaigns	1		
2 Membership dues	2	8,629	
3 Fundraising events	3		· · · · · · · · · · · · · · · · · · ·
4 Related organizations			
5 Government grants (contributions)			
6 All other contributions, gifts, grants, and similar amounts not included above:			
GIFTS		535	
TRIBUTE CARDS		14,297	
			
Other contributions total	6	14,832	0
7 Total	7	23.461	0

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If you ar	re filing for an Automatic 3-Month Extension, or re filing for an Additional (Not Automatic) 3-Months complete Part II unless you have already been g	onth Exten	sion, complete onl	y Part II (on page 2 o	f this	form).			
Electroni a corpora 8868 to r Return fo	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the for Transfers Associated With Certain Personal ns). For more details on the electronic filing of the	8868 if yo al (not auto forms listed Benefit (u need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which me	utomatic extension of ension of time. You c with the exception of ust be sent to the I	f time an ele of For RS ir	e to file (6 ectronical m 8870, n paper f	months for lly file Form Information format (see		
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no co	ppies needed).					
A corpora	ation required to file Form 990-T and reques /	sting an a	utomatic 6-month	extension - check th			. ▶ 🗆		
	ome tax returns.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				Enter filer's identifyin	g nur	nber, see	instructions		
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification					
print	National Council of Jewish Women - Omaha Se	ection		47-	04627	/53			
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.	Social security number					
due date for	c/o Eileen Remer, Treasurer - 15710 William Ct.	. #109							
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
instructions									
Enter the	Return code for the return that this application i	s for (file a	separate application	for each return) .			0 1		
Applicat	ion	Return	Application				Return		
Is For		Code	Is For	Is For					
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)				07		
Form 99	0-BL	02	Form 1041-A	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720		09				
Form 99	0-PF	04	Form 5227		10				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	_	11				
Form 99	0-T (trust other than above)	06	Form 8870				12		
Telepho	ine No. 402-397-2349 ganization does not have an office or place of be for a Group Return, enter the organization's fou	F. usiness in 1	AX No. ▶ the United States. ch	neck this box er (GEN)		- 	. ▶ □ sis		
	ole group, check this box 🕨 🗌 . If i				▶ [
a list with	the names and EINs of all members the extensi	on is for.	• , ,						
un for	equest an automatic 3-month (6 months for a co til <u>February 15</u> , 20 14, to file the exen the organization's return for: calendar year 20 or					. The exte	ension is		
2 If t	✓ tax year beginning July 1 he tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, che	eck reason: 🗌 Initia	I return	um	, 20			
no	his application is for Form 990-BL, 990-PF, 990 nrefundable credits. See instructions.			•	3a	\$			
est	this application is for Form 990-PF, 990-T, 4 timated tax payments made. Include any prior y	ear overpa	yment allowed as a	credit.	3b	\$			
EF	lance due. Subtract line 3b from line 3a. Include TPS (Electronic Federal Tax Payment System).	See instruc	tions.		3c	\$			
Caution, if	you are going to make an electronic fund withdrawal	with this For	m 8868 see Form 845	3-FO and Form 8870-E	O for	navmont !-	oto intina		