

	Form	990-T	Ех	empt Organization (and proxy tax					ırn	ОМВ	No_1545-0687
	, i Oilli		For color	ndar year 2017 or other tax year begin			•		20	ક	0017
			For cale	•							
		ment of the Treasury  Revenue Service	<b>▶</b> Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a					I(c)(3)	Open to F	Public Inspection for Organizations Only
	-	Check box if	<b>P B</b> 0			me changed and se					cation number
•		address changed				ū		,	(Emp	loyees' trust, se	ee instructions )
	B Exe	mpt under section		GREATER OMAHA CHAMBI	ER F	OUNDATION					
		501( C <b>2.</b> 3 )	Print	Number, street, and room or suite no			ns		d 47-0	633685	
		408(e) 220(e)	_ or	,					E Unre	lated busine	ess activity codes
	$\Box$	408A 530(a)	, ypc	808 CONAGRA DR, STE	400				(See i	nstructions)	
	$\vdash$	529(a)		City or town, state or province, country	, and a	ZIP or foreign postal	code		7		
		k value of all assets		OMAHA, NE 68102					5418	00	
	at e	nd of year	F Gro	up exemption number (See instructi	ons )	<b>&gt;</b>					
		3,430,164.	G Che	ck organization type > X 501	(c) co	rporation	501(c	) trust	401(a)	) trust	Other trust
	H De	escribe the organiz	ation's p	rimary unrelated business activity	• AD	VERTISING					
	I Du	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-s	ubsidiary o	controlled group	?	▶ 🖸	Yes No
	If	"Yes," enter the na	ame and	identifying number of the parent coi			<u>ra</u> chm:	ENT 1			
	J Th	ie books are in care	e of ▶ I	AUDRA SCHAWANG			Telephon	ie number 🕨 4	02-346	-5000	
	Par	t I Unrelated	Trade o	or Business Income		(A) Incor	ne	(B) Expe	enses		(C) Net
	1 a	Gross receipts or	sales								
	b	Less returns and allowa	nces	c Balance ▶	1c						
	2	, ·	-	ule A, line 7)	2						
	3	-		2 from line 1c	3						
	4 a			ttach Schedule D)	4a						
	b			Part II, line 17) (attach Form 4797)	4b						
	С	Capital loss dedu	ction for t	rusts	4c						
	5			os and S corporations (attach statement)	5					·	
	6				6						<del></del>
	7	Unrelated debt-fi	nanced in	come (Schedule E)	7			H KF	CEIVE		<del>                                     </del>
	8			nts from controlled organizations (Schedule F)	8				<del>-</del>	7	<del></del>
	9			1(c)(7), (9), or (17) organization (Schedule G)	9			IS NOV	10 3 12 10 10 10 10 10 10 10 10 10 10 10 10 10	אר כ	
	10			ncome (Schedule I)	10			NUV	(2) 8(2)	10 10	
	11	_		lule J)	11					<del></del>	<del></del>
	12			tions, attach schedule)	12		0.	E OCE	<del>)EN, </del>	<del>UT -</del>	<del>                                     </del>
	13 Par			ough 12		ns for limitati	* * *	leductions )	(Evcent	for contri	hutions
	Гаг			be directly connected with t				•	(Lxccpt	ioi comai	ballons,
	14			directors, and trustees (Schedule K)					14	T -	
	15	•									
	16	-									
	17	*									
,	18	-							· · · —		
	19	•									
	20			See instructions for limitation rules)							
	21	Depreciation (atta	ch Form	4562)		🗀	21				
	22	Less depreciation	claimed	on Schedule A and elsewhere on re	turn	2	2a		22t	<u>,                                     </u>	
	23	Depletion							23		
တ	24	Contributions to d	deferred o	compensation plans					24		
3 2019	25										
65	26	Excess exempt ex	penses (S	Schedule I),			. <b></b> .		26		<del></del>
1-1	27		-	chedule J)							
	28		•	chedule)							
EB	29			s 14 through 28							
<u>L</u>	30			le income before net operating							
밁	31			on (limited to the amount on line 30							
Ï	32			e income before specific deduction							<del></del>
Z	33			ally \$1,000, but see line 33 instruct							<del></del>
SCANNED	34			ble income. Subtract line 33 fro				· · · · · · · · · · · · · · · · · · ·			0.
Š	F 5			line 32	· · ·	<del> </del>	<u></u>	<u> </u>	34		- 990-T (2017)

Form **990-T** (2017)

PAGE

Form	990-T (20	017)		GREATER OMA	HA CHAMBER FOU	OITAGN	N			47-0	633685	1	Page :
Par	t III	Tax Com	outation										
35				Corporations.	See instructions for	tax com	putation	n Controlled gr	oup				
					See instructions								
а		•		·	\$9,925,000 taxable ii		ackets	(in that order)					
	(1) \$			(2) \$	(3)	3							
b	Enter o	rganization's sl	hare of (1) A	Additional 5% tax (r	not more than \$11,750).		\$						
	(2) Add	itional 3% tax	(not more tl	nan \$100,000)			\$						
С									▶	35c			_
36	Trusts				instructions for tax			Income tax					
	the amo	ount on line 34	from	Tax rate schedule	or Schedule [	) (Form 10	041).			36			
37										37			
38										38			
39	Tax on	Non-Complia	nt Facility In	come. See instructi	ons					39			
40	Total A	dd lines 37, 3	8 and 39 to	line 35c or 36, wh	chever applies					40			
Par	t IV	Tax and F	ayment	S									
41 a	Foreign	tax credit (co	rporations a	ittach Form 1118, t	rusts attach Form 1116).		41a						
										li			
					uctions)					<u> </u>			
d	Credit f	or prior year n	nınımum tax	(attach Form 8801	or 8827)		41d						
										41e			
42	Subtrac	t line 41e fron	n <u>line</u> 40	<u></u>	<u></u> <u></u>		<u></u>			42			
43	Other ta	xes Check if from	n Form	4255 Form 86	11 Form 8697	Form 886	66	Other (attach sched	ule) .	43			
44	Total ta	x. Add lines 4	2 and 43							44			0
45 a	Paymer	nts A 2016 ov	erpayment -	credited to 2017 .			45a						
b	2017 es	stimated tax pa	ayments				45b						
С	Tax dep	osited with Fo	orm 8868				45c						
					(see instructions)								
е	Backup	withholding (s	see instructi	ons)			45e						
f	Credit f	or small emplo	oyer health	insuranc <u>e pr</u> emiums	s (Attach Form 8941)		45f			[			
g	Other c	redits and pay	ments	Form	2439								
	F	orm 4136				Total <b>&gt;</b>	45g						
46										46			
47	Estimat	ed tax penalty	(see instru	ctions) Check if For	rm 2220 is attached			•	·LI	47			
48	Tax due	e. If line 46 is l	less than th	e total of lines 44 a	ind 47, enter amount owe	ed			▶	48			
49	•	-	-		es 44 and 47, enter amo	ount overp	aid		▶	49			
50				Credited to 2018 e				Refunde					
Par					Activities and Ot						<del></del>	<del></del> –	r
51					d the organization ha							Yes	No
			•	•	other) in a foreign c	•		-					
			Report of	Foreign Bank ar	nd Financial Accounts	if YES	i, enter	r the name of	the	toreign	country		v
	here <b>&gt;</b>									-			X
52	During	the tax year, d	id the organ	nization receive a d	stribution from, or was	it the gra	ntor of,	or transferor to, a	fore	gn trust?	'· · · · ·		
	•			orms the organization	-								
<u>53</u>					accrued during the tax ye			ad atalamanta and to		ant of mu	. knowledge (	and hal	of it
٥.	l to	nder penalties of ue, correct, and cor	репигу, I decla nplete Declarat	are that I have examine Ion of preparer (other that	ed this return, including accor n taxpayer) is based on all inform	nation of whi	ich prepar	er has any knowledge	ine D ر	cat of my	kisowieage a	ariu del	iei, II
Sigr		aldna	2011	72.72.00	1 11-14-18	) r	70				RS discuss		
Her		UNIV IO	Jau	1000 19	11110	Title	<u></u>		- wit	h the p	oreparer shors)? X Ye	own i	_
		gnature of office			Date	Title	Da	to	(566	= msuuciloi	PTIN	s [	No
Paid		Print/Type pre		`	Preparer's signature			1/9/2018	Check		ľ	0024	4
Prep		DONALD	NEAL JE		Chall heal of		'			mployed	P0079		<del>-</del>
	Only	Firm's name	► KPMG		canda ciran	200 0	MALIA	NE COLIA		-	3-55652 02-348-		<u></u>
	•	Firm's address	▶ T7T7	MOKIH APIH	STREET, SUITE 3	ou, U	MATA,	NE 08TT4	Phone	eno 4	02-340-	- 140	<u> </u>

Form 990-T (2017)

Form 990-T (2017)											F	Page 3	
Schedule A - Cost of Go	oods So	old. Enter	method	d of invent	ory val	luation	<b>&gt;</b>						
1 Inventory at beginning of y	ear . 1				6 Ir	nventory a	at end of yea	ır	6				
2 Purchases	2				7 C	ost of	goods so	ld. Subtract line					
3 Cost of labor	3				6	from I	ine 5 En	ter here and in					
4a Additional section 263A costs						Part I, line 2							
(attach schedule)	4a				<b>8</b> D	o the	rules of	section 263A (w	ith re	espect to	Yes	No	
<b>b</b> Other costs (attach schedu	le) . 4b				pi	roperty	produced	or acquired for	resal	e) apply	_		
5 Total. Add lines 1 through					to	the orga	nization? .	<u> </u>	<u></u>	<u> </u>		<u> </u>	
Schedule C - Rent Income	(From	Real Prop	erty a	nd Perso	nal Pr	roperty	Leased V	ith Real Proper	ty)				
(see instructions)				_									
1. Description of property			,				•						
(1)													
(2)													
(3)		_		•									
(4)													
	2. Re	nt received	or accrue	ed									
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but		percenta	rom real and age of rent fo of the rent is	or person	al property	exceeds	3(a) Deductions dii in columns 2(a				me	
(1)													
(2)							·						
(3)				•				-		•			
(4)													
Total		То	tal										
(c) Total income. Add totals of co	olumns 2(a	a) and 2(b)	nter					(b) Total deduction Enter here and on					
here and on page 1, Part I, line 6	, column (A	A)	▶					Part I, line 6, colum					
Schedule E - Unrelated De	ebt-Fina	nced Inco	me (se	e instructi	ions)								
	_			2 Gross			3 🗆	eductions directly con debt-finance			ole to		
1 Description of deb	ot-tinanced p	roperty		allocable t	to debt-t property	inanced		nt line depreciation ch schedule)	(	b) Other dedu (attach scher			
(1)													
(2)													
(3)													
(4)													
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt-	rage adjusted or allocable to financed prop tach schedule	o erty	4	Column divided column	ŀ		income reportable n 2 x column 6)		Allocable ded mn 6 x total of 3(a) and 3(	of colum		
(1)						%							
(2)						%							
(3)						%							
(4)						%							
								e and on page 1, e 7, column (A)		r here and c : I, line 7, col			
Totals						▶				_		—	

Form **990-T** (2017)

Page 4

Schedule F - Interest, Annu				ontrolled Or			(4=			
Name of controlled organization	2 Employer identification numb			ated income instructions)	4 Total payme	of specifients made	ed included	of column 4 to I in the contra Bion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz						40	Part of column	O that is	4	1 Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		incl	uded in the co	ntrolling		nnected with income in column 10
(1)							<u>.                                    </u>			
(2)										
(3)			•••							
(4)						Α.	d columns 5 a	and 10	Α,	dd columns 6 and 11
Totals		tion 50	 1(c)(7),			Pa	er here and on t I, line 8, colu on (see ins	mn (A)		ter here and on page 1, int I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly core (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)							<del>.</del>			
(2)			-			<del></del> -				
(3) (4)			_							
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, co	olumn (A)	Other Th	an Adverti	sina In	come	, (see instri	ictions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect product unre	enses ectly ted with ection of	4 Net inconfrom unrelat or business 2 minus col If a gain, c cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gi from is no	5 Gross income from activity that is not unrelated business income		enses able to an 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-				İ		
(2)					***************************************					
(3) (4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,					1			Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising In	COME (see instri	ictions)	-							
Part I Income From Per			Consol	idated Bas	is					
income Prominen	/ /	eu on a	COLISOI	4 Adver					•••••	_7 Excess readership
1 Name of periodical	- 2 Gross advertising income	3. D advertisi		gain or (los 2 minus co a gain, co cols 5 thro	ol 3) If mpute	income costs minus		costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)				]						_
(3)				]						_
(4)										
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2017

JSA

47-0633685

Part II	Income From Periodicals Reported	on a Separate	Basis (For	each periodical	listed in Part	II, fill in columns
	2 through 7 on a line-by-line basis.)					_

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			ļ <i>'</i>			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,		·	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			,			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
3)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

JSA