

CISN3P9SKJ

Form 990

CIS IMAGE-PROCESS AS ORIGINAL

Exempt From Income Tax

OMB No. 1545-0047

2017

1712

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ First return/terminated
☐ Amended return
☐ Application pending

C
Omaha Community Foundation
3555 Farnam St #222
Omaha, NE 68131

D Employer identification number

47-0645958

E Telephone number

(402) 342-3458

G Gross receipts \$ 84,405,469

H(a) Is this a group return for subordinates? Yes ☒ No ☐H(b) Are all subordinates included? Yes ☒ No ☐

If No, attach a list (see instructions)

I Tax exempt status

☒ 501(c)(3)☐ 501(c) ()

* (insert no)

4947(a)(1) or

☒ 27

J Website: www.omahafoundation.org

H(c) Group exemption number

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1982

M State of legal domicile

NE

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities To serve the community by cultivating generosity and strengthening nonprofits.
- 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
- 3 Number of voting members of the governing body (Part VI, line 1a) 3 23
- 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23
- 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 23
- 6 Total number of volunteers (estimate if necessary) 6 0
- 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -85,505.
- 7b Net unrelated business taxable income from Form 990 T, line 34 7b -85,505.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	57,707,640	53,307,340
9 Program service revenue (Part VIII, line 2g)	2,416,582	3,379,211
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,569,072	5,876,452
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	7,722,453	-10,678,634
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,415,747	51,884,369
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,393,663	46,403,205
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,921,843	2,168,106
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) 504,956		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	2,983,708	3,664,319
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 24)	65,299,214	52,235,630
19 Revenue less expenses Subtract line 18 from line 12	7,116,533	-351,261
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	311,844,944	330,712,337
22 Net assets or fund balances Subtract line 21 from line 20	11,010,685	12,430,409
	300,834,259	318,281,928

Part II Signature Block

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

MELISA SUNDE

CFO

Date

11/15/2018

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if

PTIN

self-employed

Paid Preparer Use Only

Firm's name

Firm's address

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/08/17

Form 990 (2017)

CIS IMAGE-DO NOT CORRESPOND FOR SIGNATURE

804 147

G1446

A

VE

SCANNED APR 09 2019

RECEIVED
NOV 15 2018
IRS-OSC
OGDEN, UT

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission.

To serve the community by cultivating generosity and strengthening nonprofits

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 49,746,716 including grants of \$ 46,403,205) (Revenue \$
----------	---

To promote philanthropy to fund charitable programs and organizations primarily serving our community - Omaha/Metro area, Southeast Nebraska and Southwest Iowa

4 b (Code) (Expenses \$	including grants of \$) (Revenue \$
-----------	----------------	------------------------	---------------

4 c (Code) (Expenses \$	including grants of \$) (Revenue \$
-----------	----------------	------------------------	---------------

4d Other program services (Describe in Schedule O)

(Expenses	\$	including grants of	\$) (Revenue	\$
-----------	----	---------------------	----	------------	----

4e Total program service expenses ▶	49,746,716
-------------------------------------	------------

ABDI JMBOC

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4 Section 501(c)(3) organizations: 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	X	
5 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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	X	
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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		X
c 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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b 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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		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		X

	Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
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	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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 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	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable	12	
b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 23	
b 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)	2b X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.	3b	
4 a 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)? b If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6 a 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? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	X
7 Organizations that may receive deductible contributions under section 170(c)		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d 1	
e Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a 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	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b 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		
a 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.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c Enter the amount of reserves on hand	13c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b	

BAA

TEEA0105L 08/08/17

Form 990 (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 or note to any line in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 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.	23	
1 b Enter the number of voting members included in line 1a, above, who are independent.	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.		
12 a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. See Schedule O.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. See Schedule O.	X	
b Other officers or key employees of the organization. See Schedule O.	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. None

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Melissa Sunde 3555 Farnam St, Ste 222 Omaha NE 68131 (402) 342-3458

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John Levy Foundation Mgr	30 10							105,155	0	27,249
(2) Dennis Nissen Foundation Mgr	30 10							107,671	0	9,813
(3) Robert D. Bates Director	1 0.5	X						0	0	0
(4) Steve Baumert Director	1 0.5	X						0	0	0
(5) Dana Bradford IV Director	1 0.5	X						0	0	0
(6) Mike Cassling Director	1 0.5	X						0	0	0
(7) Cristina Castro-Matukewicz Director	1 0.5	X						0	0	0
(8) Gary Gates Director	1 0.5	X						0	0	0
(9) Patrick Corrigan Treasurer	1 0.5	X		X				0	0	0
(10) Trent Demulling Director	1 0.5	X						0	0	0
(11) Jennifer Hamann Director	1 0.5	X						0	0	0
(12) Sergio Sosa Director	1 0.5	X						0	0	0
(13) Janet Melchior-Kopp Director	1 0.5	X						0	0	0
(14) Sharon Kresha Director	1 0.5	X						0	0	0

BAA

TEEA0107L 06/08/17

Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (not any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Constance Ryan Vice Chairman	1 0 5	X		X			0	0	0
(16) John Scott Director	1 0	X					0	0	0
(17) Todd Simon Chairman	0 0 5	X		X			0	0	0
(18) Jeffrey Snyder Director	1 0 5	X					0	0	0
(19) Thomas Warren Director	1 0 5	X					0	0	0
(20) Mark Weber Secretary	1 0 5	X		X			0	0	0
(21) Katie Weitz Director	1 0 5	X					0	0	0
(22) Amanda Forker Director	1 0 5	X					0	0	0
(23) Jeff Gorman Director	1 0 5	X					0	0	0
(24) Deb Macdonald Director	1 0 5	X					0	0	0
(25) Sue Thaden Director	1 0 5	X					0	0	0
1 b Sub-total							212,826	0	37,062
c Total from continuation sheets to Part VII, Section A							610,876	0	73,955
d Total (add lines 1b and 1c)							823,702	0	111,017
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d 4,154,841.				
	e Government grants (contributions)	1 e 300,763				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 48,851,736.				
	g Noncash contributions included in lines 1a-1f	\$ 10,518,202				
	h Total. Add lines 1a-1f	53,307,340				
	Program Service Revenue	2 a Administrative Fees	Business Code 900099	3,379,211.	3,379,211	
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		3,379,211				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		3,815,037.	-86,146.	3,901,183.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal 1,375.				
	b Less rental expenses	734.				
	c Rental income or (loss)	641.				
	d Net rental income or (loss)	641.		641		
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 34581781.				
	b Less cost or other basis and sales expenses	32435198. 85,168				
	c Gain or (loss)	2,146,583 -85,168				
	d Net gain or (loss)	2,061,415	-85,168		2,146,583.	
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
11 a Chg. in Ben. Int. in CLAT	Business Code 523000	-10679275.			-10679275.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	-10679275					
12 Total revenue. See instructions	51,884,369	3,294,043	-85,505.	-4,631,509		

Department of the Treasury
Internal Revenue Service

2017

Name of the Organization

Employee identification number	
--------------------------------	--

Omaha Community Foundation

47-0645958

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees[illegible]

Form 990 Cont 2017

TEEA4301L 08/08/17

904 151

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21.	46,403,205	46,403,205		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and for foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	658,894	180,707	316,667	161,520
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	1,130,170	482,820	460,022	187,328
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	63,427	24,226	25,684	13,517
9 Other employee benefits.	195,211	88,090	86,454	20,667
10 Payroll taxes.	120,404	45,725	51,754	22,925
11 Fees for services (non-employees):				
a Management.	1,734,648	1,734,648		
b Legal.	546	55	464	27
c Accounting.	69,638		69,638	
d Lobbying.	15,250	15,250		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	577,380		577,380	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	376,761	325,501	41,008	10,252
12 Advertising and promotion.	367,163	183,582	146,865	36,716
13 Office expenses.	87,130	43,565	34,852	8,713
14 Information technology.	173,989	86,994	69,596	17,399
15 Royalties.				
16 Occupancy.	85,434	42,718	34,173	8,543
17 Travel.	34,822	18,851	12,777	3,194
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	61,858	30,929	24,743	6,186
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	16,762	8,381	6,705	1,676
23 Insurance.	10,969	5,484	4,388	1,097
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.)				
a Real Estate Taxes.	51,397	25,699	20,559	5,139
b Sales Tax Expense.	572	286	229	57
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	52,235,630	49,746,716	1,983,958	504,956
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
Assets	1 Cash — non interest bearing		1
	2 Savings and temporary cash investments	19,329,844	2 26,263,942
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	447,608	4 509,358
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 5,030,406	
	b Less accumulated depreciation	10b 122,639	10c 4,907,767
	11 Investments — publicly traded securities	155,502,155	11 187,745,833
	12 Investments — other securities. See Part IV, line 11	9,015,143	12 9,260,808
	13 Investments — program related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	122,703,646	15 102,024,629
16 Total assets. Add lines 1 through 15 (must equal line 34)	311,844,944	16 330,712,337	
Liabilities	17 Accounts payable and accrued expenses	153,465	17 191,040
	18 Grants payable	65,000	18 400
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,792,220	25 12,238,969
	26 Total liabilities. Add lines 17 through 25	11,010,685	26 12,430,409
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	113,214,734	27 140,813,549
	28 Temporarily restricted net assets	166,193,184	28 156,042,038
	29 Permanently restricted net assets	21,426,341	29 21,426,341
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	300,834,259	33 318,281,928
	34 Total liabilities and net assets/fund balances.	311,844,944	34 330,712,337

BAA

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,884,369.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,235,630.
3	Revenue less expenses Subtract line 2 from line 1	3	-351,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	300,834,259.
5	Net unrealized gains (losses) on investments	5	17,798,930.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	318,281,928.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b	Were the organization's financial statements audited by an independent accountant?	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a	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?		X
3 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		

BAA

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
• Attach to Form 990 or Form 990-EZ

• Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Omaha Community Foundation

Employer identification number

47-0645958

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☒ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 to 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	161225238	29848997	59196652	57983134	54223771	362477792
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	161225238	29848997	59196652	57983134	54223771	362477792
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						133545245
6 Public support. Subtract line 5 from line 4						228932547

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	161225238	29848997	59196652	57983134	54223771	362477792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,084,717	2,595,846	2,545,450	3,056,313	3,794,520	14,076,846
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 (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						376554638
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	60.80 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	56.79 %
16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b 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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only: Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only: Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

	Yes	No
11a		

b A family member of a person described in (a) above?

11b		
-----	--	--

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c		
-----	--	--

Section B. Type I Supporting Organizations**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2		
---	--	--

Section C. Type II Supporting Organizations**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

2		
---	--	--

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

3		
---	--	--

Section E. Type III Functionally Integrated Supporting Organizations**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).**a** ☐ The organization satisfied the Activities Test. Complete line 2 below.**b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.**c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).**2** Activities Test. Answer (a) and (b) below.**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

2b		
----	--	--

3 Parent of Supported Organizations. Answer (a) and (b) below.**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

3a		
----	--	--

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b		
----	--	--

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C – Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt use assets	
5 Qualified set aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 **Omaha Community Foundation** **47-0645958** Page **8**
Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Department of the Treasury
Internal Revenue Service

• Complete if the organization is described below • Attach to Form 990 or Form 990-EZ.
• Go to at www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

2017

Open to Public
Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **Omaha Community Foundation**

Employer identification number

47-0645958

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
(see instructions for definition of political campaign activities)

2 Political campaign activity expenditures (see instructions)

\$

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3)

1 Enter the amount of any excise tax incurred by the organization under section 4955

\$ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955

\$ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

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).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

\$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

\$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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 filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1j below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		550
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		14,700
j Total. Add lines 1c through 1i.			15,250
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental information

Provide the descriptions required for Part I A, line 1, Part I-B, line 4, Part I C, line 5, Part II A (affiliated group list), Part II A, lines 1 and 2 (see instructions), and Part II B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11i, 12a, or 12b
Attach to Form 990

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

Omaha Community Foundation

47-0645958

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	280	
2 Aggregate value of contributions to (during year)	37,757,937.	
3 Aggregate value of grants from (during year)	35,162,379	
4 Aggregate value at end of year	267,212,110	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
\$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	22,190,011	21,805,863	18,909,648	19,187,151	17,574,047
b Contributions			4,473,000.		100,000
c Net investment earnings, gains, and losses	2,663,947.	1,148,085	-739,317.	735,397.	2,232,842
d Grants or scholarships	534,272	525,642	638,213	822,241.	535,327
e Other expenditures for facilities and programs	124,783.	107,118	80,719	72,395.	70,344.
f Administrative expenses	137,948.	131,176	118,536.	118,264	114,067.
g End of year balance	24,056,955.	22,190,011	21,805,863	18,909,648.	19,187,151.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment 100.00 %
 c Temporarily restricted endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations.
 (ii) related organizations.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	4,848,192			4,848,192
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		182,214	122,639	59,575

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

4,907,767

BAA

Schedule D (Form 990) 2017

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end of year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Cash Surrender Value	188,299
(2) Charitable Lead Annuity Trust	101,799,415
(3) Prepaid Expense	36,915
(4) Rounding	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, column (B) line 15.)	102,024,629

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Annuities Payable	1,055,835
(3) Funds held for others	11,183,134
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	12,238,969.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. See Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	69,683,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains (losses) on investments	2a	17,798,930.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII)	2d	
	e Add lines 2a through 2d	2e	17,798,930.
3	Subtract line 2e from line 1	3	51,884,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	51,884,369.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	52,235,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	52,235,630.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	52,235,630.

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The foundation accounts for uncertainties in accounting for income taxes using the guidance included in Financial Accounting Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes. The Foundation recognized the effect of income tax positions only if those positions are more likely than not of being sustained. At December 31, 2017 the Foundation had no uncertain tax positions.

Department of the Treasury Internal Revenue Service

Name of the organization Omaha Community Foundation

Employer identification number 47-0645958

Go to www.irs.gov/Form990 for the latest information

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990

Part I General Information on Grants and Assistance						See Part IV	
1. Does the organization maintain records to substantiate the amount of the grants or assistance the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States						See Part IV	
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 101 Black Men of Omaha, Inc. - 2221 North 24th St., Ste 201 - Omaha, NE 68110	47-0785487		13,784	0			Educational Institutions
(2) A Time To Heal - 6001 Dodge St., Ste 219C - Omaha, NE 68183	27-0297226		14,837	0			Health - General & Rehabilitative
(3) Abbott Northwestern Hospital - 2925 Chicago Ave., NE 10103 - Minneapolis, MN 55408	04-3643816		50,000	0			Philanthropy, Voluntarism, Grantmak
(4) Abide Network - PO Box 11489 - Omaha, NE 68112	47-0655246		257,172	0			Human Services
(5) ACJU Nebraska Foundation, Inc. - 234 South 11th St., #1010 - Lincoln, NE 68509	23-7259984		44,024	0			Civil Rights, Social Action, Advocacy
(6) African American Empowerment - 205 N 21st Ave., Ste 101 - Omaha, NE 68132	26-4296811		29,656	0			Community Improvement, Capacity Bui
(7) Al-Sarben Scholarship Fund - 2101 Mercy Road, Ste 320 - Omaha, NE 68107	47-0447496		86,300	0			Philanthropy, Voluntarism, Grantmak
(8) Abilaze Ministries Inc - 11501 Fairview Rd - Springfield, NE 68059			10,500	0			Educational Institutions

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (books, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Due diligence is conducted to ensure grants are made to qualified charities that are not private non-operating foundations, non-functionally integrated Type III supporting organizations, not to be used by individuals for private benefit, and that no portion of a grant is in exchange for goods and services. The process is monitored by the board

Continuation Sheet for Schedule I (Form 990)

Name of organization Omaha Community Foundation

Employer identification number 47-0645558

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)		Purpose of Grant or Assistance			
(b) Name, address, and city	(c) EIN	(d) IRC Code	(e) Cash Grant	(f) Non-Cash Grant	(g) Purpose of Grant or Assistance
Accelerated Schools of Overland Park, 10713 Barkley Overland Park, KS 66211	20-381678	501(C)(3)	55,000		Educational Institutions
African Culture Connection, 8031 W Center Rd Suite 312 Omaha NE 68124	56-2592058	501(C)(3)	7,861		Arts Culture, Humanities
Alaska Wildlife Foundation, 4739 University Way NE 1235 Seattle, WA 98105	91-1712495	501(C)(3)	60,000		Animal Related
All Care Health Center, 502 S 6th St. Council Bluffs IA 51501	42-1466508	501(C)(3)	6,515		Health - General & Rehabilitative
All Holy Spirit Greek Orthodox Church, 13530 Discovery Dr Omaha, NE 68137	20-4948228	501(C)(3)	10,000		Religion, Spiritual Development
All Saints Episcopal Church, 9302 Blondo Street Omaha NE 68134	47-0399847	501(C)(3)	28,650		Religion, Spiritual Development
Alliance Francophone d Omaha, 7914 West Dodge Road Suite 102 Omaha, NE 68114	34-2048510	501(C)(3)	12,912		Educational Institutions
Alpway Foundation, Inc., 13414 Paul Street Omaha, NE 68154	20-8418481	501(C)(3)	8,096		Recreation, Sports, Leisure Activities
Alpine Theatre Project, c/o Luke Wehrath P O Box 1959 Whitefish, MT 59937	77-0438385	501(C)(3)	20,000		Arts, Culture, Humanities
ALS in the Heartland, 1320 So 118th Street Omaha, NE 68144	20-5015083	501(C)(3)	6,637		Diseases, Disorders - Medical Disciplines
Alzheimer's Association Nebraska, 11711 Arbor St Ste 110 Omaha, NE 68144-2975	13-3039601	501(C)(3)	12,986		Diseases, Disorders - Medical Disciplines
American Cancer Society, 9850 Nicholas Street Suite 200 Omaha, NE 68114	13-1788491	501(C)(3)	59,142		Medical Research
American Enterprise Institute for Public Policy Research, 1789 Massachusetts Ave NW Washington, DC 20036	53-0218495	501(C)(3)	50,000		Public Society Benefit
American Heart Association, 9900 Nicholas St Suite 200 Omaha NE 68114	13-5613797	501(C)(3)	37,570		Diseases, Disorders - Medical Disciplines
American Midwest Ballet Ballet Nebraska, PO Box 6413 Omaha, NE 68105	27-1092011	501(C)(3)	16,743		Arts, Culture, Humanities
American Modern Opera Company, PO Box 390002 Cambridge, MA 02139	81-5312857	501(C)(3)	10,000		Arts Culture, Humanities
American Muslim Institute, 13905 Gold Circle, Suite 102 American Institute of Islamic Studies and Culture Omaha, NE 68144	20-5763011	501(C)(3)	13,420		Religion, Spiritual Development
American Red Cross/Hiland Chapter 2912 S 80th Avenue Omaha, NE 68124	53-0196605	501(C)(3)	49,173		Public Safety, Disaster Preparedness & Relief
Angels Among Us, Inc., 3516 No 653rd Plaza Ste 3 Omaha, NE 68116	20-4728470	501(C)(3)	25,086		Human Services
Anti-Defamation League, 333 S. 131st Street Omaha, NE 68154	13-1818713	501(C)(3)	17,107		Civil Rights, Social Action, Advocacy
Applied Information Management Institute (AIM), 1505 Harney St, Suite 700 Omaha, NE 68102	47-0749700	501(C)(3)	22,020		Arts, Culture, Humanities
Aqua Africa Inc., 144 S 39th St Suite 2B Omaha, NE 68131	20-5675703	501(C)(3)	25,500		International, Foreign Affairs & National Security
Archdiocese of Omaha, 100 North 62nd St Omaha, NE 68132	47-0376538	501(C)(3)	383,564		Religion - Spiritual Development

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/form990 for instructions and the latest information

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

47-0645958

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

Part III

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity based compensation arrangement?

If 'Yes' to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

Part III

4a

4b

4c

5a

5b

6a

6b

7

8

9

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule J (Form 990) 2017

2017

Continuation Sheet for Schedule I (Form 990)

Name of organization Omaha Community Foundation		Employee Identification Number 47-0845958				
Part II. Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)						
(a) Name, address, and city	(b) EIN	(c) EIN Code	(d) Cash Grant	(e) Non-Cash Grant	(f) Private Inurement	(g) Other Non-Cash Assistance
Whispering Roots, 12418 S 79th Avenue Papillon, NE 68045	46-1579222	501(C)(3)	5,608			(h) Purpose of Grant or Assistance International, Foreign Affairs & National Security Philanthropy, Voluntarism, Grantmaking Environmental Quality Protection, Beautification Health General & Rehabilitative
Whitefish Community Foundation Inc, P O Box 1060 Whitefish, MT 59937	81-0533002	501(C)(3)	535,000			Arts, Culture, Humanities Educational Institutions
Whispering Crane Trust, 6611 W Whispering Crane Dr Wood River, NE 68883	47-0620467	501(C)(3)	76,500			Human Services
WHY ARTS Inc, 1030 S 111th Plaza Omaha NE 68154	36-3747722	501(C)(3)	20,232			Human Services Philanthropy, Voluntarism, Grantmaking International, Foreign Affairs & National Security
Willis Carter Foundation 413 North Webster Street Red Cloud, NE 68970	47-0485401	501(C)(3)	11,100			Human Services
WOLSA Foundation, Concordia Lutheran Schools of Omaha 15556 Fort Street Omaha, NE 68116	68-0529729	501(C)(3)	18,635			Human Services
Women's Center for Advancement, 1301 Hamer St WCA Omaha, NE 68131	27-3105476	501(C)(3)	30,703			Human Services Philanthropy, Voluntarism, Grantmaking International, Foreign Affairs & National Security
Women's Fund of Omaha 1111 N 13th St Suite 106 Omaha, NE 68102	47-0840885	501(C)(3)	24,239			Human Services
Woodbine Community Foundation, PO Box 139 Woodbine, IA 51579	31-1575176	501(C)(3)	13,000			Human Services
World Vision, Inc., 34834 Weyerhaeuser Way South PO Box 9718 Federal Way, WA 98063	95-1922179	501(C)(3)	21,140			Human Services
World-Herald Goodfellows Charities, Inc., 1314 Douglas Street Suite 600 Omaha, NE 68102	47-6000559	501(C)(3)	22,603			Human Services
WTC Inc, Maha Music Festival 715 North 14th St Omaha, NE 68102	08-1839109	501(C)(3)	22,258			Arts, Culture, Humanities
YMCA of Omaha/Council Bluffs, 410 S 20th St Omaha, NE 68102	47-0376568	501(C)(3)	27,455			Human Services Philanthropy, Voluntarism, Grantmaking
Young Life, 2324 8th Street Omaha, NE 68130	84-0385934	501(C)(3)	50,983			Human Services
Youth Care & Beyond Inc, 2819 South 121st Ave Suite 216 Omaha, NE 68144	47-0627068	501(C)(3)	7,576			Human Services
Youth Emergency Services, 1679 Fremont Street, Ste 205 Omaha, NE 68131	47-0566898	501(C)(3)	61,777			Human Services Recreation, Sports, Leisure, Athletics
Youth Enhancement Association, 404 North Harrison Midway Valley, IA 51555	38-3690415	501(C)(3)	7,000			Youth Development
Youth for Christ USA, Inc., 4468 S 84th St Omaha, NE 68127	47-0484339	501(C)(3)	49,005			Human Services
Youth Frontiers, Inc., 7101 Mercy Road Suite 150 Omaha, NE 68106	01-1538977	501(C)(3)	6,022			Human Services

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Non-taxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
1 Sara Boyd President & CEO	(i) 221,287 (ii) 0	(ii) 32,450 (iii) 0	(iii) 120 (iv) 0	(C) 9,808 (D) 0	(D) 7,019 (E) 0	(E) 270,684 (F) 0	0
2 Melissa Sunde CFO	(i) 123,781 (ii) 0	(ii) 11,073 (iii) 0	(iii) 120 (iv) 0	(C) 5,652 (D) 0	(D) 23,582 (E) 0	(E) 164,208 (F) 0	0
3	(i)	(ii)	(iii)	(C)	(D)	(E)	
4	(i)	(ii)	(iii)	(C)	(D)	(E)	
5	(i)	(ii)	(iii)	(C)	(D)	(E)	
6	(i)	(ii)	(iii)	(C)	(D)	(E)	
7	(i)	(ii)	(iii)	(C)	(D)	(E)	
8	(i)	(ii)	(iii)	(C)	(D)	(E)	
9	(i)	(ii)	(iii)	(C)	(D)	(E)	
10	(i)	(ii)	(iii)	(C)	(D)	(E)	
11	(i)	(ii)	(iii)	(C)	(D)	(E)	
12	(i)	(ii)	(iii)	(C)	(D)	(E)	
13	(i)	(ii)	(iii)	(C)	(D)	(E)	
14	(i)	(ii)	(iii)	(C)	(D)	(E)	
15	(i)	(ii)	(iii)	(C)	(D)	(E)	
16	(i)	(ii)	(iii)	(C)	(D)	(E)	
BAA	(i)	(ii)	(iii)	(C)	(D)	(E)	

TEEA102L 08/09/17

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation

An evaluation form is sent annually to all board members for their ratings and comments. Spot interviews are also randomly conducted with current staff, donors, prospective donors, and other key constituents, in addition to factoring in the results of an annual cultural health survey. Once all of the information has been compiled, the President & CEO meets with the Chairman, Vice Chairman and Chairman of the Governance Committee to discuss the results. The compensation committee then meets to discuss salary recommendations based on an analysis conducted by an independent HR consultant and some scan of data from the local market. The Committee formulates a compensation recommendation and brings it forward to the Board of Directors to discuss, review, and approve in Executive Session with minutes taken.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30
- ▶ Attach to Form 990
- ▶ Go to www.irs.gov/Form990 for the latest information

**Open to Public
Inspection**

Name of the organization
Omaha Community Foundation

Employer identification number
47-0645958

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	68	10,284,158	
10 Securities – Closely held stock	X	1	101,344	
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential	X	1	132,700	
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes' describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2017)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

▶ Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2017

Open to Public
Inspection

Omaha Community Foundation

Employer identification number
47-0645958

Form 990, Part VI, Line 11b - Form 990 Review Process

A copy of the return is e-mailed to the Board for review before being filed with the IRS. Each director reviews the 990 and any changes are made accordingly.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A conflict of interest letter is sent each year to all directors. Each director fills out the form disclosing all conflicts. The form is returned to the foundation and kept on file for reference.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

An evaluation form is sent annually to all board members for their ratings and comments. Spot interviews are also randomly conducted with current staff, donors, prospective donors, and other key constituents, in addition to factoring in the results of an annual cultural health survey. Once all of the information has been compiled, the President & CEO meets with the Chairman, Vice Chairman and Chairman of the Governance Committee to discuss the results. The compensation committee then meets to discuss salary recommendations based on an analysis conducted by an independent HR consultant and some scan of data from the local market. The Committee formulates a compensation recommendation and brings it forward to the Board of Directors to discuss, review, and approve in Executive Session with minutes taken.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Officers & key employees meet with their supervisors on a formal basis bi-annually to discuss performance. Less formal meetings are held at least monthly. Based on performance and market data provided by an independent consultant, supervisors recommend market and merit-based salary adjustments, they are reviewed by the President and CEO in conjunction with the budget, adjusted and/or approved as recommended, and subsequently granted. The Compensation Committee of the Board of

Directors reviews and approves metrics associated with incentive compensation and

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

TEEA4901L 08/09/17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Omaha Community Foundation

Employer identification number

47-0645958

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

reviews and approves any payments made based upon an incentive compensation plan

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The governing documents, conflict of interest policy and financial statements are kept on file at our office at the location of 3555 Farnam St, Suite 222, Omaha, NE 68131 and made available upon request

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - Attach to Form 990.
 - Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Omaha Community Foundation

Employer identification number

47-0645958

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End of year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) See 501(c)(13) controlled entity?
(1) Mammel Family Foundation 8501 Indian Hills Drive Omaha, NE 68114 47-0784607	Charitable	NE	501(c)3	11a	N/A	X
(2) Amy L. Scott Family Foundation 10340 N 84th St Omaha, NE 68122 36-4071890	Charitable	NE	501(c)3	11a	N/A	X
(3) Parker Family Foundation 10340 N 84th St Omaha, NE 68122 36-4071893	Charitable	NE	501(c)3	11a	N/A	X
(4) The McGowan Family Foundation 3555 Farnam St, Suite 222 Omaha, NE 68131 47-0795668	Charitable	NE	501(c)3	11a	N/A	X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990

TEEA5091L 11/29/17

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, or other) (see 314)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		(b) Transaction type (a 5)	(c) Amount involved	(d) Method of determining amount involved
(1) Mammel Family Foundation		c	35,000	
(2) Mammel Family Foundation		1	96,508	
(3) Amy L. Scott Family Foundation		1	20,000	
(4) Parker Family Foundation		1	20,000	
(5) The McGowan Family Foundation		c	128,000	
(6) The McGowan Family Foundation		1	58,598	

TEEA5002 11/29/17

Schedule R (Form 990) 2017

BAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Precedent income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
BAA													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity	
						Yes	No
William & Ruth Scott Family Foundation 3555 Farnam St., Suite 222 Omaha, NE 68131 47-0815787	Charitable	NE	501(c)3	11a	N/A		X
The Nelson Family Foundation 3555 Farnam Street, Suite 222 Omaha, NE 68131 91-1876884	Charitable	NE	501(c)3	11a	N/A		X
Amis Family Foundation 3555 Farnam Street, Suite 222 Omaha, NE 68131 47-0799603	Charitable	NE	501(c)3	11a	N/A		X
The Faith Charitable Trust 501 Bay Villa Lane Naples, FL 47-0685423	Charitable	NE	501(c)3	11a	N/A		X
Maqinn Family Foundation 3555 Farnam Street, Suite 222 Omaha, NE 68131 47-0873687	Charitable	NE	501(c)3	11a	N/A		X
The Enrichment Foundation 3555 Farnam Street, Suite 222 Omaha, NE 68130 47-0795584	Charitable	NE	501(c)3	11a	N/A		X
Carmen & John Gottschalk Foundation 15671 California St Omaha, NE 34-2001068	Charitable	NE	501(c)3	11a	N/A		X
Dixon Family Foundation 10340 N 84th St Omaha, NE 68122 36-4071611	Charitable	NE	501(c)3	11a	N/A		X
The David Scott Foundation 10340 N 84th St Omaha, NE 68122 36-4071892	Charitable	NE	501(c)3	11a	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) foundation entity?	
						Yes	No
Suzanne & Walter Scott Foundation 10340 N 84th St Omaha, NE 68122 36-3727897	Charitable	NE	501(c)3	11a	N/A		X
All our Kids, Inc 1004 Farnam St Omaha, NE 47-0762798	Charitable	NE	501(c)3	11a	N/A		X
Southwest Iowa Foundation 3555 Farnam Street, Suite 222 Omaha, NE 68131 42-1453731	Charitable	NE	501(c)3	11a	N/A		X
Omaha Foundation DDD 3555 Farnam Street, Suite 222 Omaha, NE 68131 36-3789990	Charitable	NE	501(c)3	11a	N/A		X
William & Barbara Fitzgerald Family 1304 N 139th St Omaha, NE 20-3654756	Charitable	NE	501(c)3	11a	N/A		X
Building Healthy Futures 3555 Farnam Street, Suite 222 Omaha, NE 68131 46-0598062	Charitable	NE	501(c)3	11a	N/A		X
Annette and Paul Smith Charitable Fu 1536 Cumming St Omaha, NE 68102 37-1773564	Charitable	NE	501(c)3	11a	N/A		X
Singer Foundation 10340 N 84th St Omaha, NE 68122 82-1061824	Charitable	NE	501(c)3	11a	N/A		X

TEEA3102 08/09/17

Schedule R Cont (Form 990) 2017

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
William & Ruth Scott Family Foundation	c	404,113	
William & Ruth Scott Family Foundation	1	221,974	
The Nelson Family Foundation	1	10,389	
Amis Family Foundation	c	50,000	
Amis Family Foundation	1	11,816	
The Faith Charitable Trust	c	20,000	
The Faith Charitable Trust	1	27,054	
Macinn Family Foundation	1	7,386	
The Enrichment Foundation	1	124,590	
Carmen & John Gottschalk Foundation	c	25,000	
Carmen & John Gottschalk Foundation	1	12,864	
Dixon Family Foundation	1	20,000	
The David Scott Foundation	1	20,000	
Suzanne & Walter Scott Foundation	1	100,000	
All our Kids, Inc	1	18,605	
Southwest Iowa Foundation	c	112,500	
Southwest Iowa Foundation	1	170,000	
Omaha Foundation DDD	b	35,913	

TELETYPE 06/09/17

TEEAS10BL 03/09/17 Schedule R Cont (Form 990) 2017