Form. 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 Open to Public

Inter	nal Reve	enue Service	. Go to t	ww.irs gov/Form990 f	or instructions a	nd the late	est inforn	nation.		Inspection
ΛI	or th	e 2017 c	alendar year, or tax year beginr	ning	, 2017,	and end	ing	_		, 20
			Name of organization				_	D Employer ide	ntıfica	tion number
В	Check if a	applicable	OMAHA DEVELOPMENT	COUNCIL, INC.				47-060	7858	}
Х	Addre		Doing business as	 -				1		
H	chang	e change	Number and street (or P O box if m	ail is not delivered to street	address)	Room/suit		E Telephone nu	mber	
\vdash	┥ ```	· · · · I	808 CONAGRA DR, STE		,			(402) 34		000
\vdash	_	return/	City or town, state or province, cou		tal anda	<u> </u>		(402) 34	0 - 3	
<u> </u>		nated		ntry, and zir or toreign pos	iai code					
\vdash	returr	n 느	OMAHA, NE 68102					G Gross receipt		1,050,842.
L	pendi	ication F	Name and address of principal office				_	H(a) Is this a gro subordinates		n for Yes X No
			808 CONAGRA DR, STI				!	H(b) Are all subord	inates m	:luded? Yes No
<u></u>	Tax-ex	kempt statu	is 501(c)(3) X 501(c) (6) ◀ (insert no)	4947(a)(1)	or	527 ()	If "No," at	tach a li	st (see instructions)
J	Websi	ıte 🕨 N	/A			1	_	H(c) Group exem	ption nu	mber >
ĸ	Form	of organiza	ation X Corporation Trust	Association Of	ther >	L Yea	er of forma	tion 1978 M	State	of legal domicile NE
Р	art l	Sum	mary			i				
			lescribe the organization's missi	on or most significant ar	tuation TO EN	HANCE	ECONOM	IC DEVELO	PMEI	NT IN OMAHA
ø	1		THE SURROUNDING COMM							
Governance			BILITATING DISTRESSE					TES		
Ë	١.									
Š	2			on discontinued its ope	•				1 1	1.0
Ö			of voting members of the gover						3	16.
80			of independent voting members						4	16.
Activities &	5	Total nu	mber of individuals employed in	calendar year 2017 (Pa	rt V, line 2a)				5	0.
≩	6	Total nu	mber of volunteers (estimate if n	ecessary)					6	20.
ĕ			related business revenue from P						7a	0.
			elated business taxable income f						7b	0.
-	l -						- 	Prior Year		Current Year
	8	Contribi	utions and grants (Part VIII, line 1	h)				418,62	4	1,050,304.
ī	١								0.	0.
Revenue	9		service revenue (Part VIII, line 2					7/	0.	538.
æ	10		ent income (Part VIII, column (A						0.	
			evenue (Part VIII, column (A), line					470 20		0.
	12		venue - add lines 8 through 11 (419,36		1,050,842.
			and similar amounts paid (Part IX					606,12		1,097,804.
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)					0.	0.
S	15	Salaries	, other compensation, employee	benefits (Part IX, colum	n (A), lines 5-10).				0.	0.
Expenses	16a	Professi	onal fundraising fees (Part IX, co	lumn (A), line 11e)					0.	0.
ĝ	Ь		ndraising expenses (Part IX, colu			•				
ŵ	17		openses (Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·			-	6,11	1.	5,393.
			penses Add lines 13-17 (must e					612,23	5.	1,103,197.
	19	Davanus	loss expanses. Subtract line 19	from loss 12	, iiile 25)			-192,87	_	-52,355.
- v	19	Revenue	e less expenses Subtract line 18	nom line 12	RECE	=1\/L	Begu	nning of Current		End of Year
ts	20 21 22				\ \tag{1.00}	IVE				
sse	20		sets (Part X, line 16)		<u>∞</u> · · · · ·	14	· 9	429,06		374,278.
₹₽	21	Total lia	bilities (Part X, line 26)		B · NO.V. €	3 /2018		3,00		573.
2 <u>5</u>	22	Net asse	ets or fund balances. Subtract lin	e 21 from line 20	W		11.7	426,06	0.	373,705.
Pa	irt II		ature Block				<u> ±1</u>			
Un	der per	nalties of i	perjury, I declare that I have examine	ed this return, including a	companying schedu	iles and sta	tements	and to the best of	my ki	nowledge and belief, it is
true	e, corre	ect, and co	mplete Declaration of preparer (other	r than officer) is based on a	il information or whi	en-proparer	nas anvik	nowledge		
		1 6	れめつつ うらひへて	e Tana				11.1	41	8
Sig	n	Sig	gnature of officer	- <u> </u>	·	_		Date	<u>, </u>	<u> </u>
He	re		Audra A Scho	wana CF	n					
		1 1	ne or print name and title	wai ig or	<u> </u>					
		Print/T	pe preparer's name	Preparer's signature		Date			, To-	TIN
Paid	ſ	1	•		4		08/201	8 Check	"	
	parer	DONAL		(Drace head	/		_	seir-employ	\	P00798244
	Only	Firm's na	ame ▶KPMG LLP					Firm's EIN ► 1		
			dress 1212 NORTH 96TH STREE					Phone no 4	02-3	348-1450
Ma	/ the	IRS disc	cuss this return with the prep	arer shown above? (see instructions)	<u></u> .		<u> </u>	<u>.</u>	Yes X No
For	Paper	rwork Re	eduction Act Notice, see the sep	arate instructions.						Form 990 (2017)
	-		•	$(2)^{1}$						
JSA		_		~~5						
7E10	10 1 00	טע						_		

JSA 7E1010 1 000 83452V 1508

V 17-7.2F

2418655

PAGE 2

OMAHA DEVELOPMENT COUNCIL, INC.

		· · · · · · · · · · · · · · · · · · ·	
Pa	rt III	Statement of Program Service Accomplishments Check of Schedule O contains a response or note to any line in this Part III	Гх
1	Briefly c	Check if Schedule O contains a response or note to any line in this Part III	
•		ACHMENT 1	
		e organization undertake any significant program services during the year which were not listed on the	
	prior Fo	orm 990 or 990-EZ?	Yes X No
		" describe these new services on Schedule O	
		e organization cease conducting, or make significant changes in how it conducts, any program	٦., ᠳ.
		s?	Yes X No
		" describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program services,	as measured by
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allog	
		al expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 1,097,804 including grants of \$ 1,097,804) (Revenue \$)
2	ALL A	CTIVITIES ARE IN CONNECTION WITH THE PROMOTION OF OMAHA	
	WELFAI		-
		MIC DEVELOPMENT IN OMAHA AND THE SURROUNDING COMMUNITIES WITH	
		CULAR EMPHASIS ON REHABILITATING DISTRESSED COMMERICAL AREAS	
	IN THO	OSE COMMUNITIES.	
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
70	(Code _		
			.
•	· -		·
•			
•			
•	`		
•			<u> </u>
			
4c	(Code ₋) (Expenses \$ including grants of \$) (Revenue \$)
			
			
•			
-			- -
-			
-			
-			
-			
•			
4d (Other p	program services (Describe in Schedule O)	
	Expens		
		rogram service expenses ▶ 1,097,804.	

Form 990 (2017)

Par	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,"			v
_	complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	լ-•		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	İ		
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			37
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		$-\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
þ	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	445		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		Х
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		Х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		- 17
19	•	10		Х
	If "Yes," complete Schedule G, Part III	19	ليب	2017

Form **990** (2017)

Part	Checklist of Required Schedules (continued)			
	1		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	<u></u>
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 a	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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		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	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	bid the organization have a control of the property of the pro	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	36		
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	37		<u>x</u>
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	38	X	

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		الباز
	Saturation annual and an Roy 2 of Form 1006. Enter 0 of not applicable.		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0-11 not applicable	ł		Ι,
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	x	
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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.	2b		- `
D	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)			\vdash
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		- x -
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			┢
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
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)] ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		
	and services provided to the payor?	7a 7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		_	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ī
_	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	├
10	Section 501(c)(7) organizations. Enter			٠ ا
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gloss modific from members of shareholders ()			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
а	Note. See the instructions for additional information the organization must report on Schedule O.			,
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			l .
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		1

Form 990 (2017) OMAHA DEVELOPMENT COUNCIL, INC. 47-0607858 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part 🕅 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management No 1a 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 16 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a The governing body?...... х 8b Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No x 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Х Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 Did the organization have a written whistleblower policy?.... 13 Х 14 14 Did the organization have a written document retention and destruction policy?........ 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply | X | Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

Form 990 (2017)

PAGE 7

20

State the name, address, and telephone number of the person who possesses the organization's books and records

•	$\overline{}$	
Check 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

- 1a 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

X 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)	Form Hight emple Keye Office Instit		(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			
(1)BRUCE LAURITZEN	1.00								
CHAIRMAN	0.	х		х			0.	0.	0.
(2)RANDY THELEN	1.00								
SECRETARY	0.	х		Х			0.	0.	0.
(3)MIKE MCCARTHY	1.00								
TREASURER	0.	X		X			0.	0.	0.
(4)JOHN BOYER	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(5)DANA BRADFORD	1.00	!							
DIRECTOR	0.	Х					0.	0.	0.
(6)DAVID BROWN	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(7)JERRY CROUSE	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(8)NATE DODGE	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(9)LANCE FRITZ	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(10)BRUCE GREWCOCK	1.00								
DIRECTOR	0.	x_					0.	0.	0.
(11)DEREK LEATHERS	1.00								
DIRECTOR	0.	Х			 _		0.	0.	0.
(12)GEORGE LITTLE	1.00								
DIRECTOR	0.	х					0.	0.	0.
(13)DAN NEARY	1.00								 _
DIRECTOR	0.	Х					0.	0.	0.
(14)ROBERT REED	1.00								
DIRECTOR	0.	Х					0.	0.	0.

Form 990 (2017)

JSA 7E1041 1 000

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	rerage Position urs per (do not check more t (list any urs for officer and a director					an lee)	(D) Reportable compensation from the	(E) Report compensat relate organiza	on from	other compensate		f
	related organizations below dotted line)	related or Institution or Institutio		(W-2/1099		orga and	om the anizatio d related inization	d					
15) STEVE SELINE DIRECTOR	1.00	х			_			0.		0.			0
16) TIM BURKE , DIRECTOR	1.00	х						0.		0.			0
17) JAMES BLACKLEDGE DIRECTOR	1.00	х						0.		0.			0
								,				<u> </u>	
									_				
to Sub-total continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .	 <u>.</u>	 	· ·	· ·	 	> >	0. 0.		0.			0
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bov	e) who	o re	ceived more than	\$100,000	of 			
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compens	sated		Yes	
employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the	sum of rep	oortab	le c	com	per	satio	n ai	nd other compens	sation from	the	3		X
organization and related organizations gro											4		Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	<u> </u>	x
Complete this table for your five highest communication from the organization Report of year.													
(A) Name and business add	Iress	_						(B) Description of se	ervices	C	(C) ompens	ation	
NONE	**						+						
		·					-		-				
							<u> </u>						_
2 Total number of independent contractors (in more than \$100,000 in compensation from the contractor).				nited		thos	e li	sted above) who	received				

Form	990 (2	2017) OMAHA DEVELOPMENT COU	NCIL, INC.		47-06078	358 Page 9
Pai	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to ai	ny line in this Part V	/III		[]
	•		(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	1a b	Federated campaigns				
ifts,	С	Fundraising events 1c				
s, G	d	Related organizations 1d Government grants (contributions) 1e 1,050,304				
tion:	e f	Government grants (contributions) . 1e 1,050,304 All other contributions, gifts, grants,				
othe	'	and similar amounts not included above . 1f				
in die	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,050,304			
Program Service Revenue		Business Code				-
Re	2a b					
Z Z	c					
Ser	d					
Jran	е				 	
Prog	f g	All other program service revenue L	0		1 .	1
	3	Investment income (including dividends, interest,				
		and other similar amounts)	538			538
	4	Income from investment of tax-exempt bond proceeds .	0			
	5	Royalties	0			-
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d 7a	Net rental income or (loss)	0			
		assets other than inventory	İ			
	b	Less cost or other basis				
		and sales expenses				
	d d	Gain or (loss)	0			
a	8a	Gross income from fundraising				
Other Revenue		events (not including \$				
Rev		of contributions reported on line 1c)				
ther	b	See Part IV, line 18 a Less direct expenses b	İ			
0	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold b Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code			•	
	11a				-	
	b				 	
	c d	All other revenue				
	е	Total. Add lines 11a-11d	0			
	12	Total revenue See instructions	1,050,842			538

PAGE 10

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a resp				
<u></u>	not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1,097,804.	1 097 204		
	and domestic governments See Part IV, line 21	1,037,004.	1,097,804.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.	-		
4	Benefits paid to or for members	0.		-	
5	Compensation of current officers, directors, trustees, and key employees	0.			
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.			
. 7	Other salaries and wages	0.			
8					
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			_
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
a	Management	0.			
t	Legal	0.			· · · · · · · · · · · · · · · · · · ·
	Accounting	2,000.		2,000.	
C	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
1	f Investment management fees	0.			-
g	Other (If line 11g amount exceeds 10% of line 25 column	0.			
	(A) amount list line 11g expenses on Schedule O)	0.			
	Advertising and promotion	0.			
13	•	0.		1	
14	Information technology	0.			
15	Royalties	0.			
16 17		0.			
18	_		·		
10	for any federal, state, or local public officials	0.	1		
19	Conferences, conventions, and meetings	0.			-
20	·	0.			
21		0.			
22		0.			
23		2,805.		2,805.	
24					
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OPERATING EXPENSES	588.		588.	
b	·				.
c	;		· <u>-</u> -		
d					
e	All other expenses	7 100 100	1 005 004		
_	Total functional expenses Add lines 1 through 24e	1,103,197.	1,097,804.	5,393.	
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				
_	following SOP 98-2 (ASC 958-720)	0.			
104					- 000 (0047

JSA 7E1052 1 000

Form **990** (2017)

PAGE 11

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X. End of year Beginning of year 0. ο. 374,278. Savings and temporary cash investments 429,060. 2 2 0. 0. 3 3 0. Ō. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 0. Complete Part II of Schedule L 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 Ο. organizations (see instructions) Complete Part II of Schedule L O 6 0. 7 0. 0. Ο. 8 0. 0. 9 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D ٥. o .l 10c 0. 0. 11 11 Investments - publicly traded securities Ō. 0. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 0. 0. 13 13 0. 0. 14 14 0. Ο. 15 15 374,278. 429,060. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,000. 573. 17 17 Ō. 0. 18 18 0. 0. 19 19 0 0. 20 20 0. Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0. 0 Secured mortgages and notes payable to unrelated third parties 0. 0. 23 23 Unsecured notes and loans payable to unrelated third parties..... 0. 0. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0. 0. 25 Total liabilities. Add lines 17 through 25....... 3,000. 573. 26 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Fund Balances** Unrestricted net assets 426,060. 373,705. 27 27 0.1 0. 28 28 0. 29 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | and complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 426,060. 33 373,705. 33

374,278. Form **990** (2017)

34

429,060.

Form 990 (2017)

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

► Attach to Form 990. ■ Go to www.

information.
latest
the
ō
Form990
irs.gov/

Inspection

Employer identification number 47-0607858 OMAHA DEVELOPMENT COUNCIL, INC. Department of the Treasury Internal Revenue Service Name of the organization

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. Part II

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 noncash assistance	(h) Purpose of grant or assistance
(1) GREATER OMAHA CHAMBER FOUNDATION							•
808 CONAGREA DR , STE 400 OMAHA, NE 68102	47-0633685	501(C)(3)	47,500				ECONOMIC DEVELOPMENT
							NE DEPT OF ECON DEV
1811 AKSARBEN DRIVE OMAHA, NE 68106	84-1652107	N/A	250,000				GRANT DISTRIBUTION
(3) WOODMEN OF THE WORLD							NE DEPT OF ECON DEV
1700 FARNAM STREET OMAHA, NE 68102	47-0339250	501(C)(8)	300,304				GRANT DISTRIBUTION
(4) KIEWIT CORPORATION							NE DEPT OF ECON DEV
3555 FARNAM OMAHA, NE 68131	47-0705334	N/A	500,000				GRANT DISTRIBUTION
				,			
	ı——						
							-
							-
							_
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	rganizations list	ted in the line 1 tab	e			٦.
Enter total number of other organizations listed in the line 1 table.	ed in the line	1 table				▲ :: :: ::	3.
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ons for Form 99	00				Sch	Schedule I (Form 990) (2017)

JSA 7E12881000 83452V 1508

47-0607858

Page 2

OMAHA DEVELOPMENT COUNCIL, INC.

Schedule I (Form 990) (2017)

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 (book FMV appraisal other)	(f) Description of non-cash assistance
1						
. 7						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part II line 2. Part III. column (b) and any other additional	nformation re	dured in Part I.	line 2. Part III. c	olumn (b) and any c	ther additional

the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2

GRANTS ARE MADE ONLY TO ORGANIZATIONS THAT FOCUS ON ECONOMIC DEVELOPMENT

IN OMAHA AND SURROUNDING COMMUNITIES.

SCHEDULE I, PART II, LINES 2-4

GRANTS MADE TO GREAT PLAINS, INC., WOODMEN OF THE WORLD LIFE INSURANCE

SOCIETY, AND KIEWIT CORPORATION WERE MADE IN ACCORDANCE WITH AGREEMENTS

WITH THE NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT (DED) PURSUANT TO

THE SITE AND BUILDING DEVELOPMENT ACT FOR THE PURPOSE, OF SUPPORTING

Schedule I (Form 990) (2017)

OMAHA DEVELOPMENT COUNCIL, INC.

(

Schedule I (Form 990) (2017)

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. Part III

	(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 (book FMV, appraisal, other)	(f) Description of non-cash assistance
+						
2						
3	,					
4		•				
5				1		
9				,		
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine.2, Part III, c	olumn (b); and any o	ther additional

information.
ECONOMIC DEVELOPMENT IN NEBRASKA. OMAHA DEVELOPMENT COUNCIL IS

RESPONSIBLE FOR MONITORING THE COMMITMENTS ON THE PART OF THESE

BUSINESSES TO PURCHASE AND IMPROVE PROPERTY IN THE OMAHA AREA IN

ACCORDANCE WITH THEIR DED GRANT AGREEMENT, AND UPON OBTAINING THE

REQUIRED SUBSTANTIATION THAT THE APPROPRIATE EXPENDITURES WERE MADE,

ì

APPLIES FOR THE FUNDS AND REIMBURSES THESE GRANTEES IN ACCORDANCE WITH

THE TERMS OF THEIR DED AGREEMENTS.

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

gov/form990 Inspection
Employer identification number

47-0607858

Name of the organization

OMAHA DEVELOPMENT COUNCIL, INC.

FORM 990, PART VI, LINE 2

THE FOLLOWING DIRECTORS HAVE A BUSINESS RELATIONSHIP:

MIKE MCCARTHY & BRUCE GREWCOCK

MIKE MCCARTHY & LANCE FRITZ

FORM 990, PART VI, SECTION A, LINE 8B NO COMMITTEES EXIST.

FORM 990, PART VI, LINE 12C

EACH BOARD MEMBER IS ASKED TO SIGN AN ANNUAL STATEMENT AFFIRMING THAT
THEY UNDERSTAND THE POLICY AND AGREE TO IT. THEY ARE ALSO ASKED TO
DISCLOSE POTENTIAL CONFLICTS.

FORM 990, PART VI, LINE 19

THE OMAHA DEVELOPMENT COUNCIL (ODC) DOES MAKE ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILBLE TO THE

PUBLIC. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT ODC'S OFFICE.

FORM 990, PART XII, LINE 2C

DURING 2017, THE TAXPAYER DID NOT HAVE A COMPILATION OR AUDIT PERFORMED.

BY AN INDEPENDENT ACCOUNTANT.

Name of the organization
OMAHA DEVELOPMENT COUNCIL, INC.

Employer identification number 47-0607858

ATTACHMENT-1---

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ALL ACTIVITIES ARE IN CONNECTION WITH THE PROMOTION OF OMAHA WELFARE.

PROFITS FROM PROGRAMS AND PROJECTS ARE USED TO ENHANCE ECONOMIC

DEVELOPMENT IN OMAHA AND THE SURROUNDING COMMUNITIES WITH PARTICULAR

EMPHASIS ON REHABILITATING DISTRESSED COMMERICAL AREAS IN THOSE

COMMUNITIES.

SCHEDULE R (Form 990)

Name of the organization

OMAHA DEVELOPMENT COUNCIL, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

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

Related Organizations and Unrelated Partnerships

Employer identification number Inspection

47-0607858

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

(e)	(q)	(c)	(p)	(e)	€
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
		:			
(9)					!
		-			

(g) Section 512(b)(13) controlled entity? ŝ Yes 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. × × OM DEV CNCL OM DEV CNCL (f) Direct controlling (if section 501(c)(3)) Public chanty status <u>e</u> N/A7 (d) Exempt Code section 501(C)(3) 501 (C) (6) Legal domicile (state or foreign country) OMAHA WELFARE | NE OMAHA WELFARE | NE Primary activity 47-0629134 47-0391613 OMAHA, NE 68102 OMAHA, NE 68102 (a)
Name, address, and EIN of related organization OMAHA DEVELOPMENT FOUNDATION OMAHA INDUSTRIAL FOUNDATION 1301 HARNEY STREET 1301 HARNEY STREET Part II (2) ම <u>4</u> 9

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

(9)

6

7E1307 1 000 83452V 1508

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

(i) Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2017 (k) · Percentage ownership (h) Percentage ownership 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. (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, (g) Share of end-of-year assets (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Disproportionale aflocations? ŝ income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp S corp, or trust) (f) Share of total income (d)
(Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign (b) Primary activity (d)
Direct controlling 1 (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization <u>a</u> JSA 7E1308 1 000 Part III Part IV (4) (5) (3) 2 3 <u>₹</u> 5 Ξ 9 9 Ξ (2) (5) 9

Page 🕹

Schedule R (Form 990) 2017 '×|× $\times |\times |\times |\times$ Method of determining Yes amount involved 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. Ε Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) P Reimbursement paid to related organization(s) for expenses.
 Or expen Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved 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? (b) Transaction type (a-s) m Performance of services or membership or fundraising solicitations by related organization(s), Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). (a)
Name of related organization 83452V 1508 JSA 7E1309 2 000 Part V -0 **=** 0 ပ ۵ 6 **×** – 7 Ξ 3 <u>@</u> 3 3

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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 entrly	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners Section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)								\		
(3)										
(4)										
(5)										
(9)							-			
(7)										
(8)										
(6)				-						
(10)				-						
(11)										
(12)										
(13)				_				,		
(14)										
(15)										
(16)										
ASL								Sc	Schedule R (Form 990) 2017	m 990) 2017