Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury

▶ Do 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.

Inspection

A F	or th	e 2018	calendar year, or tax year beginning	, 201	8, and ending		_	, 20
			C Name of organization			D Employer ide	ntıficatıon	number
Во	heck if a	pplicable	OMAHA DEVELOPMENT COU	NCIL, INC.		47-060	7858	
	Addre		Doing business as			7		
	7 '	change	Number and street (or P O box if mail is	not delivered to street address)	Room/suite	E Telephone nu	mber	
	┪	l return	808 CONAGRA DR, STE 4		(402) 34	6 - 5000)	
_	┥	return/	City or town, state or province, country,			(1027 51		<u> </u>
		nated	OMAHA, NE 68102	and Zin or loreign postal code		C Cross recounts	. •	E00 020
	returi			DANDY T MILLIPAL	-	G Gross receipts H(a) Is this a gro		500,929.
L	pend		F Name and address of principal officer	RANDY J. THELEN	1	subordinates		Yes X No
			808 CONAGRA DR, STE 4			H(b) Are all subord		
<u>i </u>	Tax-ex	empt st	atus 501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	If "No," at	tach a list (se	ee instructions)
J	Websi	ite: 🕨	N/A			H(c) Group exem	ption number	<u> </u>
K	Form	of organ	nization X Corporation Trust	Association Other	L Year of for	mation 1978 M	State of leg	gal domicile NE
Pa	art I		ımmary					
	1	Briefly	y describe the organization's mission of	or most significant activities TO E	NHANCE ECON	OMIC DEVELO	PMENT	IN OMAHA
به		AND	THE SURROUNDING COMMUN	ITIES WITH PARTICULAR	EMPHASIS O	N		
auc			ABILITATING DISTRESSED					
Ë	2		this box If the organization of			 		
Governance	3		<u> </u>	•			์ 3	16.
	3		er of voting members of the governing					16.
ctivities &	4		er of independent voting members of	-			4	
ž	5		number of individuals employed in cal				5	0.
Ę	6		number of volunteers (estimate if neces				6	20.
⋖			unrelated business revenue from Part \				7a	0.
	b	Net u	nrelated business taxable income from	Form 990-T, line 38	<u> </u>	<u> </u>	7b	
					<u> </u>	Prior Year		Current Year
a	8	Contri	butions and grants (Part VIII, line 1h).	<u> </u>		1,050,30	4.	500,000.
Revenue	9	Progra	am service revenue (Part VIII, line 2g) .	D. BECEIVE	$\mathbf{D} \dots \mathbf{L}$		0.	0.
ě	10	Invest	ment income (Part VIII, column (A), lin	es 3, 4, and 7d)		53	88.	929.
œ	11	Other	revenue (Part VIII, column (A), lines 5	. 6d. 8c. 9c. 12d. and 11e) 0. 0. 0.0	10 BI	- 	0.	0.
	12	Total	revenue - add lines 8 through 11 (mus	t equal Part VIII column (A), line 12		1,050,84	2.	500,929.
	13		s and similar amounts paid (Part IX, col		<u> </u>	1,097,80	~	563,000.
	14		its paid to or for members (Part IX, colu		() T '		0.	0.
_	1 .		es, other compensation, employee ben			<u> </u>	0.	0.
xpenses	15			• • • • • • • • • • • • • • • • • • • •			0.	<u></u>
en	i		ssional fundraising fees (Part IX, columi		· · · · · · · · · · · · · · · · · · ·		- -	
Ex	i		fundraising expenses (Part IX, column (· · · · · · · · · · · · · · · · · · ·			_ 	20 444
			expenses (Part IX, column (A), lines 11			5,39		30,444.
	ľ		expenses Add lines 13-17 (must equa			1,103,19		593,444.
		Reven	ue less expenses Subtract line 18 from	n line 12		-52,35	5.	<u>-92,515.</u>
Net Assets or Fund Balances					Be	ginning of Current Y	'ear	End of Year
sets	20	Total a	assets (Part X, line 16)			374,27	8.	283,490.
AB	21	Total I	labilities (Part X, line 26)			57	3.	2,300.
E.E.	22	Net as	ssets/or fund balances Subtract line 2	1 from line 20,		373,70	5.	281,190.
	rt II	Sic	nature Block					
Und	ler per	nalties o	of penury, I declare that I have examined the	is return, including accompanying sche	edules and statement	s, and to the best of	my knowl	edge and belief, it is
_true	, corre	ct, and	complete Declaration of preparer (other than	n officer) is based on all information of w	hich preparer has an	y knowledge		
			想はかるるののでで	70		11.14	417	
Sig	n		Signature of officer	3		Date		
Here			Audra A. Scinawar	na 1910				
)	Type or print name and title	9 40				
		<u> </u>	<u> </u>	Proporare suggesture	Date	 	, PTIN	
Paid	ı		Type preparer's name	Preparer's signature	11/7/20	Check	"	0.000.00
	oarer	DONA		Whole heal of	11///20	Jen empley		00798244
-	Only	Firm's	name ▶KPMG LLP			Firm's EIN ▶ 1		
	•		activess ▶1212 NORTH 96TH STREET, S			1 110110 110	02-348	3-1450
Мау	the	IRS di	scuss this return with the prepare	r shown above? (see instruction	s)		[Yes X No
			Reduction Act Nation, can the congret	la la stancation o				Fam 990 (2018)

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For	n 990 (2018)	Page 2
P	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	ATTACHMENT 1	
_		
2	prior - 5 miles of the La	X 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?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	•
4a	(Code	
	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.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 588,000.	

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Form 990 (2018)

_	In the experience deposition in equation E04(a)(2) or 4047(a)(4) (ather there are resident facilities (2.15 ")(a) "		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		х
	complete Schedule A	2	х	
	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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		<u> </u>	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
	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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	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
	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		X
1	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,"			
	complete Schedule D, Part VI	11a		Х
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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		Х
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		<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII.	12a		<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ if "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^
	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	146		Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
7	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
,	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	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	13		
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_	\vdash	<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	
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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the experience report more than \$5,000 of grants or other assistance to or for demostic individuals on		162	NO
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
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
А	·	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Х	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		х
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
30	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Part				
. art	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chicago Sanasas a contamica responde a maio to any mia mana a contra i i i i i i i i i i i i i i i i i i i		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		_	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
='	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990	(2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	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		
4a	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)?	4a		X
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)	i	-	-,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6-		x
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	٠	
_	gifts were not tax deductible?	OD		
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	7a		
	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	
С	required to file Form 8282?	7c		
A	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	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		
9	Sponsoring organizations maintaining donor advised funds.	l		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			,
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)	12a	-	•
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year	124		
	The feet the difficult of tax exempt interest received or desired during the feet			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
O	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			į
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O			
		C	$\alpha \alpha \Lambda$	(2040)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			IIONS
Sect	ion A. Governing Body and Management	• • •	· · ·	[44]
Ject	Off A. Coverning Dody and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
14	If there are material differences in voting rights among members of the governing body, or			1
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	Х	
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	- -		x
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
_	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	-	Х
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	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	· · · · · · · · · · · · · · · · · · ·	12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	405	Х	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	$\frac{\pi}{x}$	
14	Did the organization have a written document retention and destruction policy?	14		
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		х
a	The organization's CEO, Executive Director, or top management official	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-	
16a				
IVa	with a taxable entity during the year?	16a		х
h	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?	16b		
Secti	on 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 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website X 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 interesting the conflict of the con	erest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record AUDRA SCHAWANG 808 CONAGRA DR, STE 400 OMAHA, NE 68102	s 🕨		
			990	(2018)
		1.0111		(2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	more rson	e than or/trust e ris both or/trust employee	an	(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)MIKE MCCARTHY	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(3)JOHN BOYER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)DANA BRADFORD	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5)DAVID BROWN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)JERRY CROUSE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)NATE DODGE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)LANCE FRITZ	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)BRUCE GREWCOCK	1.00	<u> </u>								
DIRECTOR	0.	Х						0.	0.	0.
(10)DEREK LEATHERS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)GEORGE LITTLE	1.00									
DIRECTOR	0.	Х						.0.	0.	0.
(12)ROBERT REED	1.00									
DIRECTOR	0.	х						0.	0.	0.
(13)STEVE SELINE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)TIM BURKE	0.									
DIRECTOR	0.	Х						0.	0.	

Form 990 (2018)

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n	- 0

Part VII Section A. Officers, Directors, Tre		y Em	ipio			and F	ugi			ees (c	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck is pe	rson	than or	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timated ount of other pensatio	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	orga and	om the anization I related inization:	
15) JAMES BLACKLEDGE	1.00	v											^
DIRECTOR 16) DEE BAIRD	1.00	X		_				0.		0.			0.
SECRETARY	0.	х		Х				0.		0.	-	_	0.
											_		
													
				•							'		_
										_			
	 	}											
1b Sub-total	ection A .						> > >	0.		0. 0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	ceived more than	\$100,000 o	f	_		
	_											Yes	Νo
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3		X
4 For any individual listed on line 1a, is the organization and related organizations grant	eater than	\$15	0,00	003) If	"Yes	," (complete Schedu	le J for s	uch			
<i>individual</i>	accrue co	mpen	satio	on 1	fron	any	uni	related organization	on or individ	lual	4		X
for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Sch	nedu	le J	for	such	per	son	<u> </u>	• •	5		Х
Complete this table for your five highest com- compensation from the organization Report of year	pensated i	ndepe	ende the	nt ca	con	tractor	rs t ar e	hat received more	than \$100, nin the organ	000 o	of n's tax		
(A) Name and business add	dress							(B) Description of se	rvices	C	(C)	ation	
NONE	_												
							L						
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ncluding bi e organizat	ut not	: lım ►	ite	d to		e li	sted above) who	received				
JSA 8E1055 1 000 83452V 1508		V	18-	-7.	5F		_	2418655			Form	990 (: PAG	

Par	t VII	Statement of Revenue Check if Schedule O contains a respon	ose or note to ar	v line in this Part V	/III		
1		Check if Schedule O Contains a respon	ise of note to a	(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 c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	500,000				,
	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		500,000			
Program Service Revenue	2a b c		Business Code				
Prograr	e f g	All other program service revenue Total. Add lines 2a-2f		0			
	3 4 5	Investment income (including divider and other similar amounts) Income from investment of tax-exempt bond Royalties	nds, interest, proceeds ▶	929			929
	6a b c	Gross rents	(II) Personal				
	d 7a b	Net rental income or (loss)	(II) Other	0			
venue	c d 8a	and sales expenses		0	,		
Other Revenue	b	of contributions reported on line 1c) See Part IV, line 18	0	. 0			
		Gross income from gaming activities See Part IV, line 19 a	0			`	
	b c	Less direct expenses b Net income or (loss) from gaming activities.		0		<u> </u>	_
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory.		0			
	44=	Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue		0			
	12	Total revenue. See instructions		500,929			929

Part IX Statement of Functional Expenses

Section !	501(c)(3) and 5	01(c)(4)	organizations must con	nolete all columns	All other organizations mu	st complete column (A).
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 . 1 9/1 ./	or garmean or a made corr	,p. 0.00 a 00.0	· ··· · · · · · · · · · · · · · · · ·	

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	563,000.	563,000.		
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	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits				
10	Payroll taxes	0.			
	Fees for services (non-employees)	0			
а	Management	0.			
b	Legal	2,300.		2,300.	
	Accounting	2,300.		2,300.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	Investment management fees			- -	· · · · · · · · · · · · · · · · · · ·
g	Other (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O)	25,000.	25,000.		··
	Advertising and promotion	0.	25,000.		
	Office expenses	0.			
14	Information technology	0.			
15 16	Royalties	0.			
	Occupancy	0.			·
	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials	o .			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	2,642.		2,642.	
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e lf				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OPERATING EXPENSES	502.		502.	
b					
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	593,444.	588,000.	5,444.	
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 [If] following SOP 98-2 (ASC 958-720)	0.			

Page **11**

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	0
2	Savings and temporary cash investments	374,278.	2	279,563
3	Pledges and grants receivable, net	σ.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.	-		
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	_0
6	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	0.	6	o
_ اع	organizations (see instructions) Complete Part II of Schedule L	0.	7	0
7 8	Notes and loans receivable, net	0.	$\overline{}$	0
~ I	Inventories for sale or use	0.		0
9	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment cost or			
١.	other basis Complete Part VI of Schedule D	0	40-	0
	Less. accumulated depreciation		10c	0
111	Investments - publicly traded securities	0.		0
12	Investments - other securities See Part IV, line 11	=	12 13	0
13	Investments - program-related. See Part IV, line 11			0
14	Intangible assets		14	3,927
15	Other assets See Part IV, line 11	374,278.		
16	Total assets. Add lines 1 through 15 (must equal line 34)	573.		283,490
17	Accounts payable and accrued expenses	0.		2,300
18	Grants payable	0.		0
19	Deferred revenue	0.		0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
[trustees, key employees, highest compensated employees, and			0
	disqualified persons Complete Part II of Schedule L	0.		0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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	0	[0
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	573.	26	2,300
ရွှ	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	373,705.	27	281,190.
28	Temporarily restricted net assets	0.	28	0
29	Permanently restricted net assets	0.	29	0
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		• •	
2 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	373,705.	33	281,190.
34	Total liabilities and net assets/fund balances	374,278.	3,4	283,490.

Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			93,4	
3	Revenue less expenses Subtract line 2 from line 1	3			92,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	73,7	05.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		2	81,1	90.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ıın			
	Schedule O				1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	npiled	or		}	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				- 1	
b	Were the organization's financial statements audited by an independent accountant?			2b_		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	וו ו			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se			_		х
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the	۱.,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	000	(2018)
				⊢om	330	(ZU18)

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

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OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 47-0607858

	nd Assistance
INC.	Srants ar
COUNCIL,	mation on (
DEVELOPMENT COUNCIL	General Information on Grants and A
OMAHA 1	Part I

the selection criteria used to award the grants or assistance?

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

r ait iv, inita 2 i, ioi any recipient matreceived initia (3),000. Partin can be uppicated in additional space is needed.	ומו וברבואבת	וחת וושוו לים	ממט. רמוניוו כמון ג	e auplicated II a	dellollal space is it	added.	
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)	63,000				PROSPER OMAHA
(2) HDR							NE DEPT OF ECON DEV
1917 SOUTH 67TH STREET OMAHA, NE 68106	47-0663756	N/A	250,000				GRANT DISTRIBUTION
(3) NODDLE COMPANIES							NE DEPT OF ECON DEV
2285 S 67TH ST, #250 OMAHA, NE 68106	47-0780114	N/A	250,000				GRANT DISTRIBUTION
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)					_		
(11)							
				,			
(12)							
2 Enter total number of section 501(c)(3) and government orga	government o	rganizations lis	inizations listed in the line 1 table.	e		A : : : : : : : : : : : : : : : : : : :	1.
3 Enter total number of other organizations listed in the line 1 table.	ed in the line	1 table				A : : : : : : : : : : : : : : : : : : :	2.
		,					

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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
1					
2					
3					
4					
5					
9					
7					
Part IV Sumplemental Information Drovide the information required in Bart I inc 2 Bart III column (h): and any other additional	information re	I tred in Dart I	in a Dart III	onac pac .(4). amilo	thor additional

Supplemental Information. Provide 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, LINE 2

THE GRANT MADE JOINTLY TO HDR AND THE NODDLE COMPANY, WAS 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 ECONOMIC DEVELOPMENT IN NEBRASKA. OMAHA

DEVELOPMENT COUNCIL IS RESPONSIBLE FOR MONITORING THE COMMITMENTS ON THE

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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
-						
8						
3						
4						
5						
9						
7						
art IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	nformation re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

PART OF THESE BUSINESSES TO PURCHASE AND IMPROVE PROPERTY IN THE OMAHA

AREA IN ACCORDANCE WITH THEIR DED GRANT AGREEMENT, AND UPON THEM

OBTAINING THE REQUIRED SUBSTANTIATION THAT THE APPROPRIATE EXPENDITURES

WERE MADE, APPLIES FOR THE FUNDS AND REIMBURSES THE GRANTEES IN

ACCORDANCE WITH THE TERMS OF THEIR DED AGREEMENTS.

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

<u>2018</u>

OMB No 1545-0047

Open to Public

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

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 2018, THE TAXPAYER DID NOT HAVE A COMPILATION OR AUDIT PERFORMED BY AN INDEPENDENT ACCOUNTANT.

Page 2

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 COMMERCIAL AREAS IN THOSE

COMMUNITIES.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Partl

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.

Employer identification number 47-0607858

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. OMAHA DEVELOPMENT COUNCIL, INC. Name of the organization

	(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)						
(4)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete If the one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ne tax year.	vered "Yes" on Fo	rm 990, Part IV	, line 34, because	e it had

(a) Name, address, and EIN of related organization	f related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
							Yes	N _o
(1) OMAHA DEVELOPMENT FOUNDATION	47-0629134							
808 CONAGRA DRIVE, STE 400	OMAHA, NE 68102	OMAHA WELFARE	NE	501(C)(3)	7	OM DEV CNCL	×	
(2) OMAHA INDUSTRIAL FOUNDATION	47-0391613							
808 CONAGRA DRIVE, STE 400	OMAHA, NE 68102	OMAHA WELFARE	NE	501(C)(6)	N/A	OM DEV CNCL	×	
(3)								
(4)								
(5)								
(9)								
(2)								
							-	
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(h) (i)
Percentage Section
ownership 512(b)(13)
controlled entity? Page 2 Yes No (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Intended 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 Pend-of-year assets amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (f) Share of total income (h) Dispropordorate ŝ albeators? Yes (9) 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. Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign (a) (ame, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Schedule R (Form 990) 2018 Part III Part IV 3 Ξ (2) <u>ව</u> € 3 9 9 Ξ (2) 4 (5) (9)

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Yes No Ę 무 = = or 36. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.......... 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 **b** Gift, grant, or capital contribution to related organization(s) Dividends from related organization(s) Part V ⊏ 0 **Б** ¥

 $\times |\times |\times |\times |\times$

××

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s Other transfer of cash or property from related organization(s).

م ه

Method of determining 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 Ē Amount involved Transaction type (a-s) 9 (a)
Name of related organization

(2) Ξ 3 3 3

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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.

Second and a second of the second of generation is contained and second of contain investment parties on both	dintegrali: occ mon	and in Salaria	g cachastan Ior e		annen barrio					
(a) Name, address, and EIN of entity	(b) Prımary actıvıty	(c) Legal domicle (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 ellocations?	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	2	Yes No	
(1)										
(2)										
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Part VII Supplemental Information

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

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