Department of the Treasury Internal Revenue Service

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482843 1508

# **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.

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

OMB No 1545-0047 2018

Open to Public Inspection

A F	or the	e 2018	calendar year, or tax year beginning , 2018, a	nd ending			, 20	
<b>B</b> 6.		pplicable	C Name of organization		D Employer ide		number	
<b>D</b> C	_		GREATER OMAHA CHAMBER OF COMMERCE		47-025	8610		
	Addre		Doing business as					
	Name	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone nu			
L	Initial	l retum	808 CONAGRA DR, STE 400		(402) 34	<u>6 - 5000</u>		
		return/ nated	City or town, state or province, country, and ZIP or foreign postal code					
	Amen		OMAHA, NE 68102		G Gross receipts		4,258,	_
	Applic pendi	cation ing	F Name and address of principal officer DAVID BROWN		H(a) Is this a ground subordinates		Yes	X
			808 CONAGRA DR, STE 400, OMAHA, NE 68102	<i>\</i>	H(b) Are all subord	ınates included?	Yes _	
		empt sta	\-\(\frac{1}{2}\)	527	If "No," at	tach a list (se	e instructions)	
J 1	Websi	ite: 🕨	WWW.OMAHACHAMBER.ORG		H(c) Group exem		-	
K	Form (	of organ	zation X Corporation Trust Association Other	L Year of forma	tion 1893 M	State of leg	al domicile	N
Pa	ırt l		mmary					
	1	Briefly	describe the organization's mission or most significant activities TO INCR	REASE BUSIN	JESS, EMPL	OYMENT	AND	
8		INVI	ESTMENT IN THE GREATER OMAHA AREA.					
Governance								
Je T	2	Check	this box I if the organization discontinued its operations or disposed	of more than 25%	6 of its net asset	s		
g ဗ	3	Numbe	er of voting members of the governing body (Part VI, line 1a)			3		73
			er of independent voting members of the governing body (Part VI, line 1b)			4		62
ctivities &			number of individuals employed in calendar year 2018 (Part V, line 2a)			5		42
Ξ			number of volunteers (estimate if necessary)			6	2	250
Aci			inrelated business revenue from Part VIII, column (C), line 12			7a	3,6	500
			related business taxable income from Form 990-T, line 38			7b	-15,7	86
$\dashv$		IVEL UII	Telated business taxable income from 550 1, inc 50 1.1.1.1.1.		Prior Year		Current Yea	
	8	Control	butions and grants (Part VIII, line 1h)		2,245,94		3,770,9	
e e					201,73		169,9	
Revenue			m service revenue (Part VIII, line 2g)			0.		147
8			ment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>I</b>	290,88		317,3	
ŀ			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,738,69		4,258,0	
-		_	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,730,03	0.	1,230,	(
			and similar amounts paid (Part IX, column (A), lines 1-3)			0.		-
			ts paid to or for members (Part IX, column (A), line 4)	<b>I</b>	1,786,07		1 055 (	
G)			es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		1,786,07	<del></del>	1,955,0	121
ens	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0.		
Expense	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶0.		1 100 01	_ —	1 112	
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,423,21		1,443,3	
- 1	18	Total e	expenses (Part IX, column (A), lines 11a-11d 11f-24e)  expenses Add lines 13-17 (must equal Part IX, column (A), line 25  type less expenses. Subtract line 18 from line 12	-, · · · · <u>           </u>	3,209,28		3,398,3	
	19	Reven	de less expenses educate me la montante la		-470,58		859,6	593
Assets or Balances			Issets (Part X, line 16) NOV 2 2 2019	Begir	nning of Current \		End of Year	
sets	20	Total a	issets (Part X, line 16)	l <u> </u>	1,823,96		3,832,8	
d B	21	Total I	abilities (Part X, line 26)	<u> </u>	1,820,85		2,974,0	
影	22	Net as	sets or fund balances Subtract line 21 from line @GDEN. 138.	<u></u>	3,10	8.	858,8	302
Pai	rt II	Sig	nature Block					
Und	er per	nalties of	perjury, I declare that I have examined this return, including accompanying schedules	s and statements,	and to the best of	my knowle	edge and beli	ef, ıt
true,	, corre	ct, and c	information of which שוני Declaration of preparer (other than officer) is based on יונל information of which	preparer has any k	nowledge			
			mudna a sanavana		11.14	4.19		
Sigi			ignature of officer		Date			
Her	е		Audra A. Schawana (70					
		Ē	Type or print name and title					
		Print/1	ype preparer's name Preparer's signature	Date	Check	ıf PTIN		
Paid		DONÃ		11/11/201	_	ed PC	0798244	:
Prep	arer		· KDMO TID	,,	Firm's EIN ▶ 1			
Use	Only	Firm's				02-348		
Mari	tho		address ▶1212 NORTH 96TH STREET, SUITE 300 OMAHA, NE 68114 Scuss this return with the preparer shown above? (see instructions).		Filone no =		Yes	T.
<u></u>				· · · · · · · · ·		[^	Form 990	N (201
ror I	rapei	rwork F	Reduction Act Notice, see the separate instructions.	$\overline{}$			10111340	,20
JSA				ノ'			1 1	

31305

For	m 990 (2018)	age 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	Ш.
1	Briefly describe the organization's mission  TO INCREASE BUSINESS, EMPLOYMENT AND INVESTMENT IN THE GREATER OMAHA  AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3		] No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported	
4a	(Code)(Expenses \$including grants of \$)(Revenue \$)  MEMBER SERVICES - PROVIDES OPPORTUNITIES TO MEMBER COMPANIES TO	
	DEVELOP NEW RELATIONSHIPS, PROMOTE THEIR BUSINESS, INCREASE THEIR	
	VISIBILITY, ACCESS INFORMATION, GAIN EXPERTISE AND GET CONNECTED.	
		-
	(Code )(Expenses \$ including grants of \$ )(Revenue \$ )  BUSINESS DEVELOPMENT - PROGRAM OFFERINGS ARE DESIGNED TO HELP	
	BUSINESSES SUCCEED. THERE ARE OVER 150 PROGRAMS AND SERVICES	
	THROUGHOUT THE YEAR FOR MEMBERS TO TAKE ADVANTAGE OF IN AREAS SUCH	
	AS SALES, MARKETING, NETWORKING, CUSTOMER SERVICE, TECHNOLOGY,	
	PROFESSIONAL DEVELOPMENT, ETC.	
	(O-1	
	(Code )(Expenses \$ including grants of \$ )(Revenue \$ )  PUBLIC POLICY - WORKS TO CREATE A PRO-BUSINESS CLIMATE THAT	
	FOSTERS GROWTH, ATTRACTS NEW BUSINESSES AND ENCOURAGES THE EXPANSION OF EXISTING BUSINESS.	
41	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e JSA	Total program service expenses ►	
	Form <b>990</b> (20 1 000 31305	2018)

Form Par	990 (2018)  * IV Checklist of Required Schedules			Ρ
ı çaı	Checklist of Required Schedules		Yes	7
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	$\overline{}$	Х	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	7		f
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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			1
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		+
	VII, VIII, IX, or X as applicable  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	$\frac{1}{1}$
	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		1
	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		
	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 11e	X	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		х	İ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		ĺ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		х	ļ
13	Is the organization a school described in section $170(b)(1)(A)(u)^2$ if "Yes," complete Schedule E	13		ŀ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		t
	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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		-
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		-
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19 20a		r
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		i
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		-
	Comment of the control of the contro	للنت		-

Par	t IV Checklist of Required Schedules (continued)			
·			Yes	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		х	
04-	employees? If "Yes," complete Schedule J	23		<del> </del>
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	240		х
<b>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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		ı
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ŀ	
	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)			v
		28c	$-\!\!+\!\!$	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- $+$	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	] ]		х
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"	$\neg \uparrow$	
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		$\neg \uparrow$	
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		$\neg \neg$	
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ;	$\overline{}$	
			Yes	No
	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		J	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
ISA		Form	990 (	2018)

Par	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 42			Ι.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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		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		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		
	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	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	•		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del>_</del> _
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ļ		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	İ		
	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
	Section 501(c)(12) organizations. Enter	1	1	
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	120		
	Formula in the control of the contro	12a	-+	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	-	
	The tried of general manners of the tried of	134		
	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	-		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
		14a		X
		14b		
	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			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

Par				
•	'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			x
500		<del>· · ·</del>		
Sec	tion A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year.	<sub>3</sub>	100	<del> </del>
та	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	7		
	if the governing body delegated broad authority to an executive committee or similar	1		ļ
h	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent.  1b	2		
р 2	Enter the number of voting members included in line 1a, above, who are independent Lib or Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		<del>                                     </del>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ_	
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		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	
		40	162	No X
_	Did the organization have local chapters, branches, or affiliates?	10a		
b		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	124		
D	rise to conflicts?	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.2.2	-	
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	_
b	Other officers or key employees of the organization	15b		X
	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	1	- 1	
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sect	ion 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 second of the conflict of the confl	erest p	oolicy	, 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 🕨		

# 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

Check this box if neither the organization nor	any related	orga	nıza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title ,	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unle	Pos heck ss pe	erson	e than of Highest compensated 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)DANA BRADFORD	1.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)LANCE FRITZ	1.00								-	
CHAIRMAN - ELECT	0.	X		Х				0.	0.	0.
(3)LESLIE ANDERSEN	1.00									<del></del>
IMMEDIATE PAST CHAIRMAN	0.	X		Х				0.	0.	0.
(4)STEVE GRANDFIELD	1.00									
TREASURER	0.	X		Х				0.	0.	0.
(5)TERRY KROEGER	1.00									
SECRETARY	0.	Х		X				0.	0.	0.
(6)MICKEY ANDERSON	1.00									
MEMBER AT LARGE	0.	Х						0.	0.	0.
(7)ERIC KEEN	1.00									
MEMBER AT LARGE	0.	Х						0.	0.	0.
(8)DR JEFFREY P GOLD	1.00									
MEMBER AT LARGE	0.	Х	J			. ,		0.	0.	0.
(9)JAMIE GUTIERREZ	1.00									
MEMBER AT LARGE	0.	х	l					0.	0.	0.
(10)SCOTT MOORE, SR	1.00									
NEMBER AT LARGE	0.	х				ĺ		0.	0.	0.
(11)OTHELLO MEADOWS III	1.00									
MEMBER AT LARGE	0.	х						0.	0.	0.
(12)THOMAS WARREN	1.00		$\neg$		$\neg$	$\neg \neg$				
MEMBER AT LARGE	0.	х		ļ				٠ 0.	0.	0.
(13)NATE DODGE	1.00		$\neg$							
CHAIRMAN'S COUNCIL	0.	Х		1	- }	1	Ì	0.	0.	0.
(14)SHERI ANDREWS	1.00			$\neg$			$\neg$			
AUDIT & FINANCE COUNCIL	, 0.	Х						0.	0.	0.

Form 990 (2018)

Page	8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	e Position Reportable Report of compensation relation from relation officer and a director/trustee)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com fre	(F) stimated nount of other pensation om the anization	of					
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)	_0000	and	d relate	d
15) JAMES BLACKLEDGE	1.00											
ECONOMIC DEVELOPMENT COUNCIL 16) ARIEL ROBLIN	1.00	Х	-			-	<u> </u>	0.	0.			0.
MEMBERSHIP COUNCIL	11-00	х						0.	0.			0.
17) STEVEN SELINE	1.00						$\vdash$					
PUBLIC POLICY COUNCIL	0.	х						0.	0.			0.
18) TIM BURKE	1.00											
PROSPER OMAHA II	0.	X						0.	0.			0.
19) DAVID BROWN	18.00	v		v				E42 024	0		92 (	111
PRESIDENT & CEO 20) CARRIE DUFFY	1.00	X	-	Х				543,034.	0.		93,9	,12.
AGRICULTURE COUNCIL	0.	х						ο.	0.			0.
21) STEVE GORDON	1.00		$\dashv$							_		
BRAND & IMAGEMENT COUNCIL	0.	х						0.	0.			0.
22) BRIAN GUBBELS	1.00		-							-		
CANDIDATE RECRUITMENT COUNCIL	0.	Х						0.	0.			0.
23) TODD RICHARDSON	1.00								_			
ENTREPRENEURSHIP COUNCIL 24) ALLISON SCHORR	1.00	Х						0.	0.			0.
YOUNG PROFESSIONALS COUNCIL	0.	Х						0.	0.1			Ο.
25) JACK DIESING JR	1.00			$\dashv$		-	_	<u> </u>				<del></del>
SPORTS	0.	х						0.	0.			Ο.
1b Sub-total							•	0.	0.			0.
c Total from continuation sheets to Part VII, S	-						ightharpoonup	1,131,650.	0.		38,8	
d Total (add lines 1b and 1c)								1,131,650.	0.1	1	38,8	34.
2 Total number of individuals (including but not reportable compensation from the organization		nose I 4		ab	ove	e) who	re	ceived more than t	\$100,000 of			
Teportable compensation from the organization						_			_ <del></del>		Yes	No
3 Did the organization list any former office	er directo	r or	trus	stee		cev e	mn	lovee or highest	compensated			
employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	le co	oms	oen	satior	n ar	nd other compens	ation from the			
organization and related organizations gre	eater than	\$15	0,00	02	lf	"Yes	," (	complete Schedul	e J for such			لــــا
ındıvıdual										4	_X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		
Section B. Independent Contractors	ss, complet	e Stij	eau	<del>.</del> .	101	Sucii,	pers	5011				
Complete this table for your five highest com- compensation from the organization. Report of year.												
							Τ-			(0)		
(A) Name and business add	ress						1	(B) Description of ser	vices C	(C) ompens	ation	
							+-		-			
							Γ			ç		
							<u> </u>			.p		
<del></del>					_		<u>L</u>					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ted	to 0		e lis	sted above) who	received			ì
JSA 8E1055 1 000	- 5. 301112011	J., P				<u> </u>				Form	990 (	<u>.</u> (2018)

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Part VII Section A. Officers, Directors, Tr		<u>اات ر</u> ز	PIC			4114 I	9		1	T	
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average				sition	- 41		Reportable	Reportable	1	stimated
	hours per week (list any	ı ,				e than o is both		compensation	compensation from		nount of other
	hours for					or/trust		from the	related organizations	ſ	pensation
	related	익호	Ι <u>ä</u>	õ	T o	g F	Fo	organization	(W-2/1099-MISC)		om the
	organizations	divid	#	Officer	ě	pi ji	Former	(W-2/1099-MISC)	\	org.	anization
	below dotted	ce la	g	7	큧	yee st co		[`		1	d related
	line)	Individual trustee or director	a .		Key employee	ğ		]		orga	anizations
	]	itee	Institutional trustee	1	"	Highest compensated employee					
	Ï		ě			atec					
26) SHERMAN WILLIS	1.00	<del> </del>			╀	-	-			+	
MINORITY ECONOMIC DEV. COUNCIL	<del></del>	X		ĺ	l			0.	0		0
27) BRAIN TURNER	<u> </u>	<u> </u>			┝		-			+	0
	1.00						ļ		_		
MANUFACTURING COUNCIL	0.	Х					<u> </u>	0.	0	· <del> </del>	0
28) NICOLE THEOPHILUS	1.00	}									
TALENT COUNCIL	0.	X					_	0.	0	· <u> </u>	0
29) MICHAEL PIERNICKY	1.00		1 3							İ	
TRANSPORTATION COUNCIL	0.	Х						0.	0	.	0
30) ROHIT CHOWDHURY	1.00										
DIRECTOR	† <del>-</del>	Х						٥.	0	.	0
31) DAVID COTA	1.00				$\vdash$					†	
DIRECTOR	0.	х						0.	0	ì	0
32) JERRY CROUSE	1.00		H		_					<del>' </del>	<del>_</del>
		.,,									
DIRECTOR	0.	Х	_					0.	0	ļ	0
33) GAIL DEBOER	1.00										
DIRECTOR	0.	X						0.	0		0
34) PATRICK DEES	1.00										
DIRECTOR	0.	Х						0.	0		0
35) JASON DOLL	1.00	_						_			
DIRECTOR	ō.	Х						О.	ο.	.]	0
36) RYAN DOWNS	1.00	_								<del>                                     </del>	
DIRECTOR	0.	х						0.	0.		0
41. 0.4.4-4-1			ш							+	<u> </u>
1b Sub-total		• • •								<del> </del>	
c Total from continuation sheets to Part VII, S										<del> </del>	
d Total (add lines 1b and 1c)									\$400.000 ef	1	
2 Total number of individuals (including but not reportable compensation from the organization				a a	oove	e) wnc	re	ceived more than	\$100,000 01		
reportable compensation from the organization			Ł						·	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>
											Yes No
3 Did the organization list any former offic											- <u></u> -
employee on line 1a? If "Yes," complete Schedu	ule J for suc	h ınd	ıvıdı	ıal						3	X
4 For any individual listed on line 1a, is the s	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	ation from the		
organization and related organizations gre										<u></u>	
ındıvıdual										4	X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Yes	s." complet	e Sch	edu	le J	for	such i	pers	son		5	X
Section B. Independent Contractors	,,										
Complete this table for your five highest com	noncated in		nda	nt c	cont	racto	re th	hat received more	than \$100,000		
compensation from the organization Report c	perisaleu ii omnensatio	n for	the	ral	end	ar ve	ar e	nding with or with	in the organization	n'e tav	
year	omponoun	,,,,,		ou.	Cita	u. , o.	u, 0	namy with or with	m the organization	nio tux	
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(A)								(B)		(C)	
Name and business add	ress						<u> </u>	Description of se	vices	Compens	ation
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2 Total number of independent contractors (in	cludina bu	t not	lim	ited	i to	thos	e lie	sted above) who	received		
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482843 1508								31305			

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(A)	(B)	<u> </u>		, (C				nest Compensat (D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Mante and title	hours per	(do r				than o	ne	compensation	compensation from	1
	week (list any			•		is both		from	related	other
	hours for		$\overline{}$	-		or/trust		the	organizations	compensation
	related organizations	nd <sub>N</sub>	at	Officer	é	ngh hgh	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	nect Ndu		ĕ	emp	est loye	Jer	(W-2/1099-MISC)		and related
	line)	of #	ma		Key employee	соп				organizations
		Individual trustee or director	Institutional truste		ě	pen				
			lee			Highest compensated employee				
7) ADRIENNE FAY	1.00		$\Box$	-						
DIRECTOR	0.	x						0.	0.	. 0
3) JASON FISHER	1.00		П						1	
DIRECTOR	0.	x	1 1					0.	0.	. 0
) TIM FRANCIS	1.00		$\Box$							
DIRECTOR	0.	х	1 1					0.	0.	. 0
)) MARK HEWETT	1.00		$\Box$							
DIRECTOR	0.	x	1					0.	0.	. 0
) DAN HOUGHTON	1.00		П							
DIRECTOR	†ō.	x	il					0.	0.	. о
) MIKE HUPP	1.00		$\Box$							
DIRECTOR	† <del>-</del>	x		i				0.	0.	. 0
CHRIS JOHNSON	1.00		$\Box$	_					_ <del></del> _	
DIRECTOR		х		ĺ				0.	0.	.  0
A) SCOTT KEEP	1.00		$\vdash$							
DIRECTOR	0.	х						0.	0.	.  0
) KIRK KELLNER	1.00		$\vdash$			_				
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) JIM KRIEGER	1.00		$\vdash$		-					<u></u>
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) GEORGE KUBAT	1.00	^	-							<del></del>
DIRECTOR	1	x						0.	0.	. o
	0.						_			<del></del>
b Sub-total					• •					
c Total from continuation sheets to Part VII, S					• •			·		
d Total (add lines 1b and 1c)							<u> </u>	cowed more than	\$100,000 of	<u></u>
Total number of individuals (including but not reportable compensation from the organization		10se 1		u au	ove	e) wiic	) le	ceived more man	p 100,000 of	
										Yes No
Did the organization list any former office	er, directo	r, or	tru	stee	e, k	key e	mp	loyee, or highest	compensated	
Did the organization list any former office employee on line 1a? If "Yes," complete Sched										
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch indi	ıvıdu	ıal .	• •					
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the	ule J for suc sum of rep	ch indi ortab	ividu le c	<i>ial</i> .	 pen	 satıor	 n ar	d other compens	ation from the	
employee on line 1a? If "Yes," complete Sched	ule J for suc sum of rep eater than	ch indi ortab \$15	ividu le c 0,00	<i>ial</i> omp 00?	pen If	satior "Yes	 n ar ," (	d other compens	ation from the	
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations grandvidual	ule J for suc sum of rep eater than	ch indi ortab \$15	<i>ividu</i> le c 0,00	<i>ial</i> . omp 00?	pen If	satior "Yes	 n ar ," (	nd other compens	eation from the	3 X
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than accrue cor	ch indi ortab \$15 	le c 0,00 · · · satic	ompoor	pen If	satior "Yes 	n ar ," (	nd other compens complete Schedul	aation from the le J for such	3 X
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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and l	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson Jirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	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-MISC)	from the organization and related organizations
48) JAMES LANDEN DIRECTOR	1.00	х			-			0.	, 0.	0
49) DEREK LEATHERS	1.00									
DIRECTOR 50) TODD LUTHER	1.00	X			-			0.	0.	0
DIRECTOR 51) ROB MITCHELL	1.00	X					-	0.	0.	0
DIRECTOR 52) CELLA QUINN	1.00	Х	ļ .					0.	0.	0
DIRECTOR 53) ROB REED	0.	Х						0.	0.	0
DIRECTOR (4) LYNNE SANGIMINO	0.	х						0.	0.	0
DIRECTOR	0.	х						0.	0.	0
DIRECTOR	1.00	х				_		0.	0.	0
66) MINDY SIMON DIRECTOR	1.00	х			 			0.	0.	0
7) ALAN SMITH DIRECTOR	1.00	Х						0.	0.	0
8) GEORGE WEHBE DIRECTOR	1.00	Х						0.	0.	0
1b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						<b>▶ ▶</b>	ceived more than	\$100,000 of	
reportable compensation from the organizatio  3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	n ▶ cer, directo	r, or	tru	ıste	e, I	key e	mp	loyee, or highest	compensated	Yes No
For any individual listed on line 1a, is the organization and related organizations grandividual	sum of rep eater than	ortab \$15	le c	om.	pen <i>If</i>	satıor <i>"Ye</i> s	n ar	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors										5 X
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in compensation	ndepe on for	nde the	cal	cont	racto ar yea	rs tl ar e	hat received more inding with or with	than \$100,000 on the organization	f n's tax
(A) Name and business add	dress			_				(B) Description of se	rvices C	(C) ompensation
							_			-
2 Total number of independent contractors (in				ited	l to	thos	e lis	sted above) who	received	
more than \$100,000 in compensation from th	e organizati	ON P	_				_		L	Form <b>990</b> (201

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Part VII Section A. Officers, Directors, Te	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated m amount of other compensation
	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-MISC	from the organization and related organizations
59) ALEXI WELLMAN	1.00			Ī						
DIRECTOR	0.	Х						0.	(	0.
60) KEN WEST	1.00									
DIRECTOR	0.	Х		_				0.		0.
61) KRISTEN WILLIAMS	1.00								,	
DIRECTOR 62) MARC WISDOM	1.00	Х	-	-				0.		0.
		· ·						0.		٥. ٥.
DIRECTOR 63) KIMBERLY YUNGTUM	1.00	X	ļ							· · · · · · · · · · · · · · · · · · ·
DIRECTOR	0.	Х						٥.		0.
64) TONY DUKES	1.00	·^-	ļ		_	<b>-</b>		<del></del>		
SMALL BUSINESS	1.00	х			ŀ			0.		0.
65) PAM FINN	1.00		_					· · · · · · · · · · · · · · · · · · ·	<u> </u>	
SMALL BUSINESS	<del></del>	х						0.		0.
66) JASON R FISCHER	1.00				<b> </b>					
SMALL BUSINESS	<del></del> 0.	х						o.		0.
67) CHRISTINE HILL	1.00			_						
SMALL BUSINESS	0.	x						0.		0.
68) TIM KERRIGAN	1.00	-								
SMALL BUSINESS	0.	x						O.	(	0.
69) CARMEN TAPIO	1.00	<b></b>								
SMALL BUSINESS	0.	х						0.	(	0.
1b Sub-total	. '	<i>/</i>	L				<b>&gt;</b>			***************************************
c Total from continuation sheets to Part VII, S	Section A						<b>&gt;</b>			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
Total number of individuals (including but not reportable compensation from the organization)		hose		d al	bove	e) who	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete School										3 X
4 For any individual listed on line 1a, is the organization and related organizations giandividual	eater than	\$15	0,0	00?	lf	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\"	accrue co	mpen	sati	on 1	from	any	uni	related organization	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest concompensation from the organization. Report year	npensated ii compensatio	ndepe on for	nde the	ent o	cont	racto lar ye	rs tl ar e	hat received more ending with or with	than \$100,000 iin the organizat	of ion's tax
(A)							7	(B)	<u> </u>	(C)
Name and business ad	dress							Description of se	rvices	Compensation
										<b>t•</b>
							$\perp$			
						_	<u> </u>			
2 Total number of independent contractors (i	ncluding bu	ıt not	lım	nited	d to	thos	e li	sted above) who	received See	

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more than \$100,000 in compensation from the organization ▶

Form **990** (2018)

Part VII Section A. Officers, Directors, Tr	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson Irrect	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed tions	(F) Estimated amount of other compensation
	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	-MISC)	from the organization and related organizations
70) DAVE MCCUE DIRECTOR AT LARGE	1.00	x						0.		0.	0
71) NANCY PRIDAL	1.00		-								0.
DIRECTOR AT LARGE	0.	х						0.		0.	0.
72) PETE TULIPANA DIRECTOR AT LARGE	1.00	х						0.		0.	0.
73) T.J. TWIT DIRECTOR AT LARGE	1.00	x						0.		0.	0.
74) ANNE BRANIGAN											
SVP INNOVATIVE SERVICES	12.00			Х				204,839.		0.	22,683.
75) AUDRA SCHAWANG CFO	21.00 19.00			x				140,915.		0.	4,934.
76) JENNIFER CREAGER	40.00		$\vdash$	^				140,913.		<u> </u>	4,334.
SR DIRECTOR, PUBLIC POLICY	0.					Х		94,586.		_0.	13,255.
77) PAULA HAZLEWOOD EXECUTIVE DIRECTOR, ASIC	40.00					Х		148,276.		0.	4,050.
									<del></del>	_	
4h Cub Askal											
to Sub-total	ection A					· · ·	<b>^ ^ .</b>				
2 Total number of individuals (including but not reportable compensation from the organization	imited to th						re	ceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	00?	lf	"Yes	," (	complete Schedul	e J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	on f	rom	any	unr	elated organizatio	n or indivi	dual	5 X
Section B. Independent Contractors		<u> </u>	000,							•••	
1 Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	ress							(B) Description of ser	vices	C	(C) compensation
											**
							$\vdash$				S.
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ıted	to	thos	e lis	sted above) who	received		

Fa	rt V.	Check if Schedule O contains a res	oonse or note to a	anv line in this Part \	/111	. <b></b>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tar under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Membership dues	1,816,815				
a C	g			3,770,966			
ne	<u> </u>		Business Code				
Program Service Revenue	2a b c		541800	169,925	166,325	3,600	
ram	e		_				<b></b>
rogi	f g	All other program service revenue  Total. Add lines 2a-2f		169,925	_		<u> </u>
	3	Investment income (including dividend and other similar amounts)	dends, interest,	71			71
	4	Income from investment of tax-exempt bo		0		· · · · · · · · · · · · · · · · · · ·	
	5	Royalties	(II) Personal	2,275			2,275
	6a b	Gross rents	2	-} - -			
	d 7a	Net rental income or (loss)		33,372			33,372
	b	Less cost or other basis and sales expenses	218				
	С	Gain or (loss)	-218				
Other Revenue	d 8a	Net gain or (loss)	<u> </u>	-218			-218
r Re		of contributions reported on line 1c)  See Part IV, line 18	a 0			-	,
Othe	b	Less direct expenses	<b>b</b> 0	<u> </u>			
	c 9a	Net income or (loss) from fundraising even Gross income from gaming activities See Part IV, line 19		0			
	b	Less direct expenses	b 0				
	С	Net income or (loss) from gaming activities	s	0		_	
	10a	Gross sales of inventory, less returns and allowances					
ļ	b c	Less cost of goods sold	<b>b</b> 0	0			<u> </u>
		Miscellaneous Revenue	Business Code				
	11a	GOCF - EXPENSE REIMBURSEMENT	900099	270,000	270,000		
	b	MISCELLANEOUS INCOME	900099	11,659	11,659		
	ر d	All other revenue					
	е	Total. Add lines 11a-11d		281,659			
	12	Total revenue. See instructions	<u></u>	4,258,050	447,984	3,600	35,500

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colum	ns All other organizati	ons must complete col	umn (A).
Check if Schedule O contains a response	onse or note to any li	ne in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
		1		

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				<del></del>
2	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				<u>-</u> -
Ū	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	888,788.		_	
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	748,160.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,383.			
9	Other employee benefits	166,723.	<u> </u>		
10	Payroll taxes	114,967.			
	Fees for services (non-employees)	0.			
_	Management	19,087.	<del></del>		
	Legal	30,991.			
	Accounting	30,991.			
	Lobbying	0.	<u> </u>		
	Professional fundraising services See Part IV, line 17.	0.	<del>-</del>		
	Investment management fees		<del></del>	·,	
g	Other (If line 11g amount exceeds 10% of line 25, column	271,234.			
12	(A) amount, list line 11g expenses on Schedule O)	350,988.			
13	Office expenses	119,314.			
14	Information technology	0.		•	
15	Royalties	0.		·- <u>-</u>	<del>-</del>
16	Occupancy	252,721.			
17	Travel	13,212.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.		·	
19	Conferences, conventions, and meetings	16,009.			
20	Interest	22,257.			
21	Payments to affiliates	0.			<del></del>
22	Depreciation, depletion, and amortization	216,785.			<del></del>
23	Insurance	0.			
24	, , , , , , , , , , , , , , , , , , , ,			1	
	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) DUES AND SUBSCRIPTIONS	70,717.			
-	REPAIRS AND MAINTENANCE	43,049.			
-	BAD DEBT EXPENSE	16,472.		<del></del>	<del></del>
_	MISCELLANEOUS	500.	<del></del>	<del>-</del>	
-	<del></del>				<del></del>
	All other expenses Add less 1 through 24a	3,398,357.			
	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.			
					Form <b>990</b> (2018)

# Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this P	(A)	<del>i i i i</del>	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	300,185.	1	81,378
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	250,333.	3	1,632,000
4	Accounts receivable, net	66,066.	4	96,691
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees		l	
		0.	5	0
6	Complete Part II of Schedule L			
-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L	0.	6	0
<u></u>	Notes and loans receivable, net	0.	7	0
7 8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	132,913.		94,362
_	Land, buildings, and equipment cost or	<del></del>		
	other basis Complete Part VI of Schedule D 2,221,920.			
1 .	Less accumulated depreciation	154,753.	10c	1,580,121
11	Investments - publicly traded securities	·······		0
12	Investments - other securities See Part IV, line 11	0.	12	0
13	Investments - program-related See Part IV, line 11		13	0
14	Intangible assets	0.	_	0
15	Other assets See Part IV, line 11	919,717.		348,265
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,823,967.	16	3,832,817
17	Accounts payable and accrued expenses.	479,001.		1,045,845
18	Grants payable	0.		0
19	Deferred revenue	917,007.		981,640
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.		0
1	Loans and other payables to current and former officers, directors,			
22	trustees, key employees, highest compensated employees, and			
2	disqualified persons Complete Part II of Schedule L	0.	22	0
i   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	0
24	Unsecured notes and loans payable to unrelated third parties	0.		0
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X			
1	of Schedule D	424,851.	25	946,530.
26	Total liabilities. Add lines 17 through 25	1,820,859.	26	2,974,015.
1	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
2	Tomplete into all time agrical and into de und oti	-247,225.	27	-773,198.
27	Unrestricted net assets		- I	
27	Unrestricted net assets Temporarily restricted net assets			1.632.000
27 28	Temporarily restricted net assets	250,333.	28	
27 28 29	Temporarily restricted net assets  Permanently restricted net assets		28 29	
27 28 29	Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here	250,333.	28	
27 28 29	Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here   □ and complete lines 30 through 34.	250,333.	28 29	
27 28 29 30	Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds	250,333.	28 *29  30	
27 28 29 30 31	Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund	250,333.	28 <sup>2</sup> 29 <sup>1</sup> 30 31	
28 29 30	Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds	250,333.	28 *29  30	1,632,000.

Form 990 (2018) Page **12** Part XI **Reconciliation of Net Assets** X Check if Schedule O contains a response or note to any line in this Part XI. . . . . . . 4,258,050. 1 3,398,357. 2 2 859,693. 3 3 3,108. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 4 0. 5 0. 6 6 ο. 7 7 0. 8 8 -3,999. 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 858,802. Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 | | Cash | X | Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis Х 2b **b** Were the organization's financial statements audited by an independent accountant? . . . . . . . . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form **990** (2018)

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## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part ILB. Do not complete Part ILA.

•	Section 30 (C)(3) organizations	that have NOT they Form 3700 (ele	ction under section so its	ij) Complete Fait II-b Do III	or complete i art ii-A
lf th Tax)	e organization answered "Yes," (see separate instructions), the	' on Form 990, Part IV, line 5 (Pro n	ky Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org				
Nam	e of organization	<del></del>		Employer ide	entification number
GRE	EATER OMAHA CHAMBER	OF COMMERCE		47-025	8610
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirec	t political campaign a	ctivities in Part IV (see ii	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	expenditures (see instructions)			16,000.
3	Volunteer hours for political	campaign activities (see instruct	ions)	<u> </u>	
	t I-B Complete if the o	organization is exempt under	r section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizat	ion under section 495	55 ▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization	managers under sect	ion 4955 ▶ \$	
3		a section 4955 tax, did it file Forr			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the c	organization is exempt unde	r section 501(c), e	xcept section 501(c)(3	<u> </u>
1	•	expended by the filing organizati		•	
	activities			▶\$	
2		ng organization's funds contribute			
		es			
3	Total exempt function expe	enditures Add lines 1 and 2 E	Inter here and on F	orm 1120-POL, ► \$	
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification num	nber (EIN) of all section	on 527 political organiz	
	organization made payment	s For each organization listed, e	enter the amount pai	d from the filing organiz	zation's funds. Also enter
	the amount of political conf	tributions received that were pro	mptly and directly de	elivered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee	(PAC) If additional sp	pace is needed, provide i	information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				Tunus ir none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
1)					
			T		
2)					
3)					
4)					
	<del></del>				
5)					
	<u> </u>				
6)					
				<u></u>	

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

Schedule C (Form 990 or 990-EZ) 2018

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

Schedule R (Form 990) 2018

Yes No 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 Ę 10 1р 19 <u>-</u>-7 19 Purchase of assets from related organization(s)................... Reimbursement paid by related organization(s) for expenses ...................... ō Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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) 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). Name of related organization Part V 7 Ε **Б** 4 \_ 0

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FMV

74,785.

FMV

736,317.

11, 10

GREATER OMAHA CHAMBER FOUNDATION

(2)

GREATER OMAHA CHAMBER FOUNDATION

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GREATER OMAHA CHAMBER FOUNDATION

(3)

GREATER OMAHA CHAMBER FOUNDATION

€

1,

FMV

274,007.

FMV

1,046,500

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1,7

31305

Schedule R (Form 990) 2018

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	Lobbying Expe	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount		-		-	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	1		1		١.	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b		
des	cription of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers?	$\vdash$		4			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	$\vdash$		~ -	-		
С	Media advertisements?						
d	Mailings to members, legislators, or the public?	-		-			
е	Publications, or published or broadcast statements?	-		+			
f	Grants to other organizations for lobbying purposes?			4.			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			1			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?			-			
j	Total Add lines 1c through 1ı				-		
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b></b>		4			
b	If "Yes," enter the amount of any tax incurred under section 4912	l					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ŀ			<del></del>		
d Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(	(c)(5)	or	section			
Œ.	501(c)(6).	(0)(0),	, UI	SECTIO	•		
						Yes	No
							X
	Were substantially all (90% or more) dues received nondeductible by members?				1		1 1
	Were substantially all (90% or more) dues received nondeductible by members?				1 2		⊢—
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				-		Х
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prio	 r year?	3		Х
<u>!</u>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5),	prio , <b>or</b>	year? sectio	3	3, is	X
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (t	prio , <b>or</b>	year? section	3 n A, line		X
ar	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (t	prio , or :	year? sectio	3 n A, line	3, is	X
Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	m the (c)(5), OR (t	prio , or :	year? section	3 n A, line		X
Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (t	prio , or :	year? sectionart III-A	3 n A, line	816	, 81!
Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).  Current year.	m the (c)(5), OR (t	prio , or : o) Pa	r year? section art III-A	3 n A, line	816	, 81!
Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.	m the (c)(5), OR (t	prio , or : b) Pa	year? sectionart III-A	3 n A, line	816 86	, 81!
Par a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.	m the (c)(5), OR (t	prio , or : o) Pa	year? sectionart III-A	3 n A, line	816 86	, 815 , 466
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	m the (c)(5), OR (t)	prio , or :	year? sectionart III-A	3 n A, line	816 86	, 81!
Par a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	m the (c)(5), OR (t)	prio , or ) Pa	year? sectionart III-A	3 n A, line	816 86	, 81!
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	m the (c)(5), OR (the context of the bobyin	prio , or  or  of	r year? sectionart III-A	3 n A, line	816 86	, 81!
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?	m the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A	3 n A, line	816 86	, 815 , 466
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Par b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (the context of the bobyin	prio prio p) Pa	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 81! , 460 , 460
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amoun political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	m the (c)(5), OR (the context of the bobyin	prio prio p) Pa	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 81! , 460 , 460
Par b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (the context of the bobyin	prio prio p) Pa	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	X X , 815 , 466 , 466
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a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (the context of the bobyin	prio prio p) Pa	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	X X , 815 , 466 , 466
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B  Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amous political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Total Supplemental Information  de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated to instructions), and Part II-B, line 1 Also, complete this part for any additional information	m the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	X X , 815 , 466 , 466
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year.  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated e instructions), and Part II-B, line 1 Also, complete this part for any additional information	m the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 81! , 460 , 460
a b c CH	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	m the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 81! , 460 , 460
a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B  Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amous political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Total Supplemental Information  de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated to instructions), and Part II-B, line 1 Also, complete this part for any additional information	m the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 466 , 466
a b c CH RE	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	on the (c)(5), OR (t)	prio prio prio prio prio prio prio prio	r year? sectionart III-A  2a 2b 2c 3	2 3 1 1, line	816 86 86	, 466 , 466

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2018

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public

► Attach to Form 990. Department of the Treasury
Internal Revenue Service
Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

IValli	e of the organization	Employer identification flumber
GR.	EATER OMAHA CHAMBER OF COMMERCE	47-0258610
Pá	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for all	
n.	conferring impermissible private benefit?	Tes NO
Pā	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	- 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	▶\$	,
В	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
 1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and balance shoot
ıa	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide the following amounts relating to these items	<b>&gt;</b> 0
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	• ,
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	
b_	Assets included in Form 990, Part X	<u></u>

b	Permanent endowment   %			
С	Temporarily restricted endowment ▶%			
	The percentages on lines 2a, 2b, and 2c should equal 100%			
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the	_		_
	organization by	[	Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		
_				

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		144,298.	108,816.	35,482.
e Other		2,057,796.	513,157.	1,544,639.
Total. Add lines 1a through 1e. (Column (d) mus		X, column (B), line 10	)c.) ▶	1,580,121.

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018			Page
Part VII Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Forn	n 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	f valuation ar market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			<del></del>
(F) (G)			
(H)			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form	n 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-yea	
(1)	<del></del> -		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		<u>                                     </u>	
Part IX Other Assets.			
Complete if the organization answered		, Part IV, line 11d. See Form	<del></del>
	cription		(b) Book value
(1) DUE FROM OTHER FUNDS		<del></del>	293,855
(2) INVESTMENT IN CHAMBER SERVICES (3) INVESTMENT - DEFERRED COMP			-222,497
			276,907
(4)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
(5)			
<u>(6)</u> <u>(7)</u>	_ <del>_</del>		
(8)	<del></del>	<del></del>	
(9)	<u> </u>	<del></del>	<del>-</del>
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15 )		. ▶ 348,265
Part X Other Liabilities.	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		· ·
Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. Se	e Form 990, Part X,
(a) Description of liability	(b) Book valu	e	<del>-</del>
(1) Federal income taxes			
(2) DEFERRED COMPENSATION	276,	907.	
(3) CAPITAL LEASE OBLIGATION	41,	071.	
(4) LEASE INCENTIVE	628,	552.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	946,	30.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

GREATER OMAHA CHAMBER OF COMMERCE 47-0258610 Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a 2c 2e Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . . 4b 40 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements . . . . . . . Amounts included on line 1 but not on Form 990, Part IX, line 25 Other losses..... 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).... Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

FORM 990, SCHEDULE D, PART X, LINE 2

THE CHAMBER APPLIES THE PROVISIONS OF ASC SUBTOPIC 740-10, INCOME TAXES -

OVERALL, WHICH PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY

IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING

RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES. AT DECEMBER 31, 2018,

THE CHAMBER HAD NO UNCERTAIN TAX POSITIONS.

JSA 8E1271 1 000 Part XIII Supplemental Information (continued)

# SCHEDULE J (Form 990)

# **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GREATER OMAHA CHAMBER OF COMMERCE 47-0258610 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Х 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Х 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X 4a Receive a severance payment or change-of-control payment?..... Х 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?............ X Participate in, or receive payment from, an equity-based compensation arrangement?...... 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 8 

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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

benefits (B)(I)-(D)  21, 182. 637, 466.  0. 0. 0. 0. 0.  0. 520. 152, 846.  0. 0. 0. 0.  0. 0. 0.  152, 846.  0. 0. 0.  152, 846.  0. 0. 0.  152, 846.  152, 846.  153, 846.  154, 846.  155, 846.  15			(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
MANUAL BROWN  (1) 318,415. 85,000. 139,619. 73,250. 21,182. 637.  MANUE BRANIGAN  (1) 204,223. 0. 0. 516. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (8) reported as deferred on prior Form 990
MANUE BEANTICANO (4) 204,323. 0. 0. 516. 6,333. 16,870. 228 (4) 135,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DAVID BROWN	(3)	318,	85,000.	139,619.	73,250.	21,182.	637,466.	0.
ANAMER SERVICES  (ii) 204,323, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	PRESIDENT & CEO	€		0	0	0	0	0	0.
ANOMINE SERVICES  (4) 135,000, 10,000, 3,276, 4,050, 520, 152  ANOLTA HAZLEMOOD  (9)	ANNE BRANIGAN	Ξ	204,	0	516.	6,333.	16,870.		0.
PAULA HAZLEWOODD         (0)         135,000         10,000         3,276         4,050         520         152           XVECUTIVE DIRECTOR. ASIC         (0)         0	ZSVP INNOVATIVE SERVICES	(ii)		0.	0.	0.	0	0	0.
### Company Director, Asic (i) (i) (i) (ii) (ii) (ii) (ii) (ii)	PAULA HAZLEWOOD	Ξ		10,000.	· -	4,050.	520.	152,846.	0.
	3EXECUTIVE DIRECTOR, ASIC	(E)		0.	0	0	0	0	0.
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Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

# Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

EFFECTIVE JANUARY 1, 2008, GOCC ADOPTED A DEFERRED COMPENSALTON PLAN

UNDER SECTION 457(F) OF THE IRC FOR THE BENEFIT OF THE GOCC PRESIDENT.

DURING THE YEARS 2009 THROUGH 2019, GOCC WILL MAKE CONTRIBUTONS TO THE

ESTABLISHED ACCOUNT OF THE DEFERRED COMPENSATION PLAN IN AN AMOUNT TO BE

DETERMINED EACH YEAR BY GOCC, PROVIDED, HOWEVER, THE PRESIDENT IS AN

ACTIVE EMPLOYEE ON THE CONTRIBUTION DATE. DURING 2018, GOCC CONTRIBUTED

\$65,000 TO THE ACCOUNT AND A \$117,890 DISTRIBUTION OCCURRED.

# 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.

OMB No 1545-0047

2018

Open to Public Inspection

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.

47-0258610

**Employer identification number** 

Name of the organization
GREATER OMAHA CHAMBER OF COMMERCE

FORM 990, PART VI, SECTION B, LINE 15A

DAVID BROWN, PRESIDENT, PREPARES HIS GOALS, ACCOMPLISHMENTS AND SALARY

DATA FOR HIS ANNUAL REVIEW WITH THE CHAIRMAN OF THE BOARD. AFTER THIS

MEETING, THE CHAIRMAN THEN MEETS WITH THE CHAIR-ELECT AND THE PAST CHAIR

TO DETERMINE A RECOMMENDATION FOR SALARY, BONUS AND SEC. 457 DEFERRED

COMPENSATION CONTRIBUTION. THIS RECOMMENDATION IS THEN TAKEN TO THE

EXECUTIVE COMMITTEE AND THEY MEET IN EXECUTIVE SESSION TO REVIEW, DISCUSS

AND APPROVE. A LETTER IS THEN GIVEN TO MR. BROWN OUTLINING THE DECISION

FOR THESE THREE ITEMS.

FORM 990, PART VI, SECTION C, LINE 19

THE CHAMBER DOES MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THESE DOCUMENTS

ARE AVAILABLE UPON REQUEST AT THE CHAMBER OFFICE.

FORM 990, PART VI, SECTION B, 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 XI, LINE 9

THIS AMOUNT REPRESENTS THE 2018 NET ACTIVITY FOR THE GREATER OMAHA

CHAMBER PAC.

Name of the organization
GREATER OMAHA CHAMBER OF COMMERCE

Employer identification number 47-0258610

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

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2018	Open to Public	Inspection	entification number

OMB No 1545-3047

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o local		

GREATER OMAHA CHAMBER OF COMMERCE Name of the organization

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

47-0258610

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II 4 Ξ (2) 3 9 9

(9) Section 512(b)(13) controlled Ŷ entity Yes × OM CHAM COMM (f) Direct controlling entity (if section 501(c)(3)) Public chanty status 7 (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) NΕ COMMUNITY FDN Primary activity 47-0633685 OMAHA, NE 68102 Name, address, and EIN of related organization GREATER OMAHA CHAMBER FOUNDATION 808 CONAGRA DR, STE 400 (2) (3) **3** 3 (6)

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

9

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

General or Percentage managing ownership	Yes No										Part IV,
(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)											on Form 990,
(h) Disproportionato allocations?	Yes No					-		_		_	"sə人" pə
(g) Share of end-of- year assets											nization answer
Share of total income										-	ete if the organ
Predominant income (related, unrelated, excluded from tax under sections 512 - 514)											ion or Trust. Completed as a corporation of
(d) Direct controlling entity						-					e as a Corporations freate
(c) Legal domicile (state or foreign											s Taxable
(b) Primary activity		- <del>-</del>									ed Organizations
(a) Name, address, and EIN of related organization											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 conociation or trust during the tax year.
g Ž		<b>(1</b> )	(2)	(3)	(4)		(5)	(9)	(7)		Part IV

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(a) Name, address, and EIN of related organization	(b) Primary activity		Legal domicile Direct controlling (state or foreign entity (d)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) (h) Share of Percentage Section end-of-year assets ownership controlled controlled entitive.	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes
(1) OMAHA CHAMBER SERVICES, INC								
808 CONAGRA DR, STE 400 OMAHA, NE 68102	BUSINESS SERV	NE	2009	C CORP	132,628	15,249	15,249 100 0000	×
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	<b>y</b>		•					_
(3)								
(4)								
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Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018

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

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

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Name, address, and ElN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
				Yes No		ļ	Yes No	$\dashv$	Yes No	
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

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

Schedule R (Form 990) 2018