_	deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	11,856.
16	Repairs and maintenance		46.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		899.
20	Charitable contributions (See instructions for limitation rules)		
21	Depresiation (attach Form 4562)		·
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	7,484.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	1 1	723.
26	Excess exempt expenses (Schedule I).		
27	Excèss readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	7,305.
29	Total deductions. Add lines 14 through 28	29	28,313.
30	Unregited business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,297.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-3,297.
For	Paperwork Reduction Act Notice, see instructions.		Form 990-T (2018)

V 18-6F

8X2740 1 000 485077 1508

408(e)

408A

529(a)

at end of year

2

3

10

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	-3,297.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
-	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
30	of lines 33 and 34	36	-3,297.
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
37	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	J.	
38	enter the smaller of zero or line 36	38	-3,297.
Day			
	Tax Computation	39	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	40	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments	, ,	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1 1	
	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)	1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]]	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments]	
	Tax deposited with Form 8868]	
	Foreign organizations Tax paid or withheld at source (see instructions)	1	
	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1	
	Other credits, adjustments, and payments Form 2439	1	
9	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	1 51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶		
55 Par	Statements Regarding Certain Activities and Other Information (see instruction		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
		, ,	x
'	here >		$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust/	
	If "Yes," see instructions for other forms the organization may have to file		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year S Under genalties of penjury, decigre that I have examined this return, including accompanying schedules and statements, and to the I	pest of my knowledge	and belief, it is
٥.	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	c, knowledge	
Sig	Marian Indiana Indiana Indiana	ay the IRS discuss	
Her		th the preparer s	
		ee instructions)? X Y	es No
Dai-	Print/Type preparer's name Preparer's signature Check		
Paid	// DOMATID NEAD OR Some May Sell-4	p	98244
•	Only Firm's name KPMG LLP Firm's name KPMG LLP Firm's name KPMG LLP	s EIN ▶ 13-556	5207
	Firm's address ► 1212 NORTH 96TH STREET, SUITE 300, OMAHA, NE 68114 Phon	eno 402-348-	
		Form 9	90-T (2018)

JSA

PAGE 54

Form 990-T (2018)						DITTO				F	Page 3	
Schedule A - Cost of Go								Τ			721.	
1 Inventory at beginning of ye			,756.	1			ar	6		8,	721.	
2 Purchases		9	,414.	7		-	ld. Subtract line					
3 Cost of labor	3			1			ter here and in					
4a Additional section 263A cos				1				7		11,4		
(attach schedule)	4a			8			section 263A (w		•	Yes	No	
b Other costs (attach schedule				ļ			or acquired for				l	
5 Total. Add lines 1 through 4			,170.	Щ.	to the orga	anization?			<u></u>	<u> </u>	X	
Schedule C - Rent Income	(From Real P	roperty ar	nd Perso	onall	Property	Leased V	Vith Real Propei	ty)				
(see instructions)						_						
Description of property		<u></u>				_						
(1)		<u>-</u>				_						
(2)												
(3)			_									
(4)												
	2. Rent rece	ved or accrue	:d									
			(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)	_				•							
(2)												
(3)												
(4)												
Total		Total										
(c) Total income. Add totals of col							(b) Total deductio Enter here and on	page 1				
here and on page 1, Part I, line 6,							Part I, line 6, colur	nn (B)	<u> </u>			
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instruci	tions)	 	2.5	Deductions directly cor	nected	unth or allocah	le to		
					ne from or	,,	debt-financ					
1 Description of debt	-ппапсео ргорепу		allocable to debt-financed property			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)					
(1)												
(2)												
(3)												
(4)												
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ible to property	4	Colur 4 divide colum	ed		income reportable n 2 x column 6)		Allocable ded mn 6 x total o 3(a) and 3(of colum		
(1)					%							
(2)					%							
(3)					%							
(4)					%							
Totals					>	Enter her Part I, lin	e and on page 1, le 7, column (A)		r here and o			
Total dividends-received deduction	ons included in c	olumn 8	<u>.</u> .	<u></u>		<u> </u>	<u> </u>					

Form **990-T** (2018)

Schedule F-Interest, Annu	uities, Royalties	, and R	ents Fr	om Contro	lled Or	ganiza	tions (see	e instructi	ons)			
		E	cempt Co	ontrolled Org	ganızatı	ons						
Name of controlled organization	2 Employer identification number	e:		lated income instructions)	1	of specific	included	of column 4 t I in the contr tion's gross in	olling	6 Deductions directly connected with income in column 5		
(1)								_				
(2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations				•							
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		Inclu			Deductions directly nnected with income in column 10			
(1)	_ 											
(2)												
(3)						1		_				
(4)												
Totals	ncome of a Sec	 tion 50	 1(c)(7),			Enter here and on page 1, Part I, line 8, column (A)				dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)		
1 Description of income	2 Amount of	ıncome		3 Deduc directly con (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)								_				
(2)												
(3)												
(4)												
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)							Enter here and on page 1, Part I, line 9, column (B)				
Schedule I-Exploited Exe	empt Activity Inc	come, C	Other Th	an Adverti	sing In	come	(see i <u>nstru</u>	ctions)				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ited with ction of elated s income	4 Net incomfrom unrelation business 2 minus coll If a gain, cocols 5 thro	ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		ctivity that attribut		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
<u>(1)</u>	· - -						•					
(2)	 			-								
(3)	 	_		 								
	 			 				-				
(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)	•					Enter here and on page 1, Part II, line 26			
Totals ▶ Schedule J- Advertising In	come (see instri	intions)		<u> </u>								
			Canad	ideted Bee						-		
Part I Income From Per	logicals Report	ed on a	Consol	idated Bas	is			T				
1 Name of periodical	2 Gross advertising income		hrect ing costs	gain or (los 2 minus co a gain, cor	Advertising or (loss) (col inus col 3) If ann, compute 5 through 7				•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					-							
(2)				1						7		
(3)				1				1		7		
<u>(4)</u>	 			1				İ		7		
<u></u> ,	 			T -				<u> </u>		 		
Totals (carry to Part II, line (5))		_								Form 990-T (2018)		

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

4 Advertising 7. Excess readership costs (column 6

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)-		
1 Name		Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)				0/		

1 Name		2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)	•		%	
(4)			%	
Total. Enter here and on page 1, Part	II, line 14			

Form 990-T (2018)

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2018

Attachment Sequence No 179

Name(s) shown on return ldentifying number OMAHA ZOO FOUNDATION 36-3297716 Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marined filing separately, see instructions 6 (b) Cost (business use only) (a) Description of property 7 Listed property Enter the amount from line 29........... Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 7.484 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property (business/investment use placed in period only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental 27 5 yrs ММ S/L property 39 yrs мм S/L Nonresidential real мм property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year c 30-year MM 30 yrs S/L

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter

Part IV Summary (See instructions.)

d 40-year

MM

21

40 yrs

7,484.

_												31	6-3297	716	Boso '
	n 4562 (2018) Int V Listed Pro	perty (Include	automob	iles.	certair	n oth	er vel	nicles	. certa	ın air	craft.	and	proper	tv us	Page ed fo
ГС		ent, recreation, o			oortan		0		, 00.10		o. a		р.оро.	.,	
		ny vehicle for wh s (a) through (c) of									lease e	expens	e, comp	olete or	1ly 24
		Depreciation and								-	passe	nger a	utomobile	es)	
242	Do you have evidence						es X		24b If "\					Yes	X No
	(a)	(b)	(c)			T	(e)		(f)	(9	g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost	(d) or other b		sis for depr isiness/inve use only	stment	Recovery period	Meti	hod/ ention		reciation duction	Elected s	section 17
25	Special depreciation the tax year and us										. 25				
26	Property used more														
			9	6										_	
			9											ļ	
				6			-								
27	Property used 50%	or less in a qualifi								lo.		1			
				6						S/L -		-			
_			9							S/L -				1	
	Add amounts in col			<u>ı</u>	horo or	nd on h		200 1			28	-		1	
28	Add amounts in col	lumn (n), lines 25 lumn (i) line 26 F	inrougn 27 Inter here ar	nd on I	ine 7. pa	age 1	ne 21, μ	age i			. 20	1	29		
	Add difficulties in con	(1), 1110 20 2	Section							<u> </u>	<u></u>		. 1	,l	
Con	nplete this section for	r vehicles used by								er," or re	elated p	erson	If you p	rovided	vehicle
to y	our employees, first ans	swer the questions in	Section C to	see if y	ou meet	an exc	eption to	compl	leting this	section f	or those	vehicle	es		
					a)		b)		(c)		d)		(e)		(f)
30	Total business/inve	estment miles drive	en durina	Veh	ıcle 1	Vet	iicle 2	V€	ehicle 3	Vehi	icle 4	Ve	hicle 5	Veh	ııcle 6
	the year (don't incli			_											
31	Total commuting m	iles driven during	the year .						_						
32	Total other p	ersonal (nonco	mmuting)												
	miles driven											<u> </u>			
33	Total miles drive														
	lines 30 through 32			Vac	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle		1	Yes	140	162	NO	162	110	162	140	163	+ 100	163	
25	use during off-duty		Г		-		╁						1	 	+
33	Was the vehicle in than 5% owner or r		i i												
36	Is another vehicl	•											-	l	
•	use?		•			ŀ									
		ction C - Questic		ploye	rs Who	Prov	ide Vel	nicles	for Use	by Th	eir Em	ploye	es	-	
Ans	swer these question													who a	ren't
	re than 5% owners o												_		1
37	Do you maintain a	a written policy s	statement th	at pro	ohibits	all per	sonal u	se of	vehicles	, includ	ling co	mmuti	ng, by	Yes	No
	your employees?													ļ	-
38	Do you maintain a														
22	employees? See th						rs, direc	tors,	or 1% or	more ov	wners				-
	Do you treat all use Do you provide m							matic	n from	····	nnlover	 ag aha	out the		+
40	use of the vehicles,														
4 1	Do you meet the re					 e demo	 nstratio	 n use:	 ? See ins	 tructions	 S				\vdash
71	Note: If your answer														
Pa	rt VI Amortizati		-,											1	
	Amortizaci		(6)								(е)			
	(a)	£ t -	(b) Date amorti	zation		(c)			(d)		Amorti: perio	zation	A a	(f)	hie voor
	Description o	COSIS	begins			nortizable	amount		Code se	CHUIT	percer		AIIIOI IIZ	ation for the	no year
42	Amortization of cos	ts that begins duri	ng your 201	8 tax	year (se	e instr	uctions)								
												[_	
	Amortization of cos											43			
44	Total. Add amount	s in column (f) Se	e the instru	ctions	for whe	ere to re	eport .	<u> </u>	<u></u>	<u></u>		44			

JSA

Form 4562 (2018)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

OMAHA ZOOLOGICAL SOCIETY

7,305.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCT	TIONS
INSURANCE UTILITIES ADVERTISING MISCELLANEOUS SUPPLIES	3,317. 2,506. 1,397. 56. 29.

1