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H Enter the number of the organization type ▶ \$01(c) corporation X \$01(c) trust 401(a) trust Other trust H Enter the number of the organization surrelated trades or business here ▶ ATCH If only one, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV II If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV II If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV II If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts IV II If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I II		E Gro			one \ l					3000	<i>))</i>	
HE Enter the number of the organizator's unrelated trade or businesses ► 1	765,961,826.		<u> </u>	` 			X 5010	c) trust		401(a)	trust	Other trust
trade or business, here complete Parts III if only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts IIII in the blank space, was the corporation a subsoldery in an affiliated group or a parent-subsidiary controlled group? I problem of the part of the part of the parent corporation IIII in the parent corporation III in the parent cor			<u>`</u>		<u> </u>	•	1 1 00 1(e, trost				
trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I The books are in care of ▶JOHN MIJSON Telephone number ▶ 402-933-4663 Part I Unrelated Trade or Business Income I Gross recepts of sales Less reums and allowances C Balance ↓ 1c C Cost of goods sold (Schedule A, line 7), 2 Gross profit. Subtract line 2 from line 1c As Capital gian net income (attach Schedule D) Hot gain (loss) (Form 479, Part II, line 17) (attach Form 4797), 4b C Capital loss deduction for trusts I incere (size) time aparitarity or an is cooperation (attach stachedule D) Hot gain (loss) (Form 479, Part II, line 17) (attach Form 4797), 4b I incree (size) time aparitarity or an is cooperation (attach stachedule D) Hot gain (loss) (Form 479, Part II, line 17) (attach Form 4797), 4c I incree (size) time aparitarity or an is cooperation (attach stachedule D) Hot gain (loss) (Form 479, Part II, line 17) (attach Form 4797), 4c I incree (size) time aparitarity or an is cooperation (attach stachedule D) Hot gain (loss) (Form 479, Part II, line 17) (attach Form 4797), 4c I incree (size) time aparitarity or an is cooperation (attach stachedule D) Hot private (loss) (Form 479, Part II, line 17) (attach Form 4797), 4c I incree (size) time aparitarity or an is cooperation (attach form 4797), 4c I incree (size) time aparitarity or an is cooperation (attach form 4797), 4c I theretal number (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (attach form 4797), 4c I complement (size) time aparitarity or an is cooperation (att						-	If only one	e, comp	_	•		
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If "Yes," enter the name and identifying number of the parent corporation Telephone number												
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Advertising income (Schedule J)								 -	1101 12	9 202		<u> </u>
12 Other income (See instructions, attach schedule)	·	-							NO DE	N. (
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27 Other reductions (attach schedule)											1	·
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134 Hardeted hyperson toyable magne. Subtreet line 30 from line 30	/											
31 Unrelated business taxable income Subtract line 30 from line 29	31 Unrelated busine	ss taxabl	e income Subtract line	e 30 from line	29 .	<u> </u>			<u></u>	. 31		3,774,145.

Par	ć III \	Total Unrelated Business Taxable Income				
32	Total o	unrelated business taxable income computed from all unrelated trades or businesses (s	ee .			
		ons)	- 11 .6	2	-3,774,1	45.
33		paid for disallowed fringes				
34		le contributions (see instructions for limitation rules)				
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract li	—			
33		the sum of lines 32 and 33		_	-3,774,1	45
20				<u>'</u>	37.1.172	
36		in for net operating loss arising in tax years beginning before January 1, 2018 (s		L I		
		ons)		_	-3,774,1	45
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	` ~ `	_		
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		<u>}</u>	1,0	00.
39	Unrelate	d business taxable income Subtract line 38 from line 37 If line 38 is greater than line 3		1		
_		smaller of zero or line 37	.11 39		-3,774,1	45.
Par	t IV	Tax Computation				
40	Organiz	ations Taxable as Corporations Multiply line 39 by 21% (0 21)	. ▶ 40)		
41		Taxable at Trust Rates See instructions for tax computation Income tax	1 -	-		
	the amo	unt on line 39 from X Tax rate schedule or Schedule D (Form 1041)	. ▶ 4	1		
42	Proxy ta	x See instructions	. ▶ 42	2		
43	Alternat	ve minimum tax (trusts only)	4:	3		
44	Tax on	Noncompliant Facility Income See instructions	44	1		
45	Total A	Id lines 42, 43, and 44 to line 40 or 41, whichever applies	49	5		
Par		Tax and Payments				
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	_	edits (see instructions)				
		business credit Attach Form 3800 (see instructions)				
		r prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 46a through 46d	46			
		•		1		
47		line 46e from line 45				
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	_			0.
49		Add lines 47 and 48 (see instructions)		_		
50		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u>'</u> —		
51 a	Paymen	s A 2018 overpayment credited to 2019				
b		timated tax payments				
С		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
е	Backup	withholding (see instructions)				
f	Credit fo	r small employer health insuranc <u>e pre</u> miums (attach Form 8941) 51f				
g	Other cr	edits, adjustments, and payments Form 2439				
	F	rm 4136 Other Total ▶ 51g		_		
52	Total pa	yments. Add lines 51a through 51g	52	2		
53	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached	5	3		
54	Tax due	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ▶ 54	1		
55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	. ▶ 55	5		
56		amount of line 55 you want Credited to 2020 estimated tax Refunded		3		
		Statements Regarding Certain Activities and Other Information (see Instruc				
57		time during the 2019 calendar year, did the organization have an interest in or a signature		ner aut	thority Yes	No
•		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			· —	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of			1 1	ŧ
		IRELAND		Jigii Cc	, x	
E 0			foreign *	mic+2		X
58	•	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a second to a constant of the const	oreign t	iust/ .		
		see instructions for other forms the organization may have to file				,
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year \$ der penalties of penuls, I declare that I have examined this return, including accompanying schedules and statements, and to	the best	of my t-	nowledge and hatte	<u>, , , , , , , , , , , , , , , , , , , </u>
۵.	1 tru	der penallies of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	me pest (л my кп		i, it is
Sig		La var vanna Se. 1° No. 1	May t	ne IRS	discuss this re	tum
Her		11/15/2020 Executive Silver	-		parer shown be	
	Sı	hature of officer Jan K. Wilson Date Title	(see inst	ructions)?		No
Dai-		Preparer's signature Date	Check L	_ا ıf	PTIN	_
Paid			self-emplo		P00393463	3
•	oarer Only		ım's EIN		1-0160260	
U36	Unity	Firm's address ▶ 1120 S 101ST ST STE 410, OMAHA, NE 68124-1088	hone no	402.	392.1040	

%

%

%

Form 990-T (2019)

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Totals . .

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

Page 4

	ectty me in 11 ge 1, ge 8)	
organization uidentification number (loss) (see instructions) 1 Not unrelated income (loss) (see instructions) 2 (3) (4) Nonexempt Controlled Organizations 7 Taxable income 8 Net unrelated income (loss) (see instructions) 9 Total of specified payments made 10 Part of column 9 that is included in the controlling organizations organizations organizations organizations organizations organizations organizations organizations 7 Taxable income 8 Net unrelated income (loss) (see instructions) 9 Total of specified payments made 10 Part of column 9 that is included in the controlling organization's gross income organization's gross inc	ectty me in 11 ge 1, ge 8)	
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1 Description of exploited activity unrelated business income from trade or business income from trade or business income unrelated business income or business (column 3 or business (column 3) if a gain, compute cols 5 through 7 (1)	kempt	
	ninus ut not an	
(3)		
(4)		
Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part I, line 10, col (B)	1,	
Schedule J – Advertising Income (see instructions)		
Part I Income From Periodicals Reported on a Consolidated Basis	-	
2 Gross advertising income 2 Gross advertising costs 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 5 Circulation income 6 Readership costs 6 Readership costs 7 Excess react costs (column) income 1 Street costs (column) income 2 Street costs (column) income 3 Direct costs (column) income 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute costs (column) income 1 Street costs (column) income 2 Street costs (column) income 2 Street costs (column) income 3 Street costs (column) income 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute 2 Street costs (column) income 3 Street costs (column) income 4 Advertising gain or (loss) (col 3 Street costs (column) income 4 Advertising gain or (loss) (col 4 Advertising gain or (loss) (col 5 Street costs (column) income 4 Advertising gain or (loss) (col 5 Street costs (column) income 5 Street costs (column) income 6 Readership 6 Readership 7 Excess reacts (column) income 7 Excess reacts (column) income 8 Street costs (column) income 8 Street costs (column) income 9 Street costs (column) income 1 S	mn 6 n 5, but han	
(1)		
(2)		
(3)		
(4)		
Totals (carry to Part II, line (5)) ▶		

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)

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)		- A		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

ATTACHMENT 1'

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS THAT PRODUCE UBI

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

VARDE INVESTMENT PARTNERS, L.P. NGP NATURAL RESOURCES XI, LP OLD IRONSIDES ENERGY FUND II-A, LP ENCAP ENERGY CAPITAL FUND X, L.P. TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III, LP ABRAMS CAPITAL PARTNER II, LP BAIN CAPITAL FUND XI, LP YORKTOWN ENERGY PARTNERS XI, LP SUMMIT PARTNERS VENTURE CAPITAL FUND IV-A, LP SUMMIT PARTNERS GROWTH EQUITY FUND IX-A, LP ENR PARTNERS II LP ENCAP ENERGY CAPITAL FUND XI, LP OLD IRONSIDES ENERGY FUND III-A, LP DAVIDSON KEMPNER INSTITUTIONAL PARTNERS LP WHEELOCK STREET REAL ESTATE FUND V, LP BAIN CAPITAL FUND XII, L.P.	-10,849425,735494,858643,109. 28530,699. 4,124429,8902,606. 39,187718,73165,661585,917. 1,649155,269. 5,462.
BAIN CAPITAL FUND XII, L.P.	5,462.
ENCAP FLATROCK MIDSTREAM FUND IV, L.P. JMI EQUITY FUND IX-A, L.P.	-152,816. -23,153.
TA XIII-A, L.P. WHEELOCK STREET REAL ESTATE FUND VI, LP	-266. -76,895.
INCOME (LOSS) FROM PARTNERSHIPS	-3,765,747.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
J. TIMOTHY DAUGHERTY ONE VALMONT PLAZA 202 OMAHA, NE 68154	TRUSTEE	0	0.
ROBERT DAUGHERTY III ONE VALMONT PLAZA 202 OMAHA, NE 68154	TRUSTEE	0	, 0.
F. JOE DAUGHERTY ONE VALMONT PLAZA 202 OMAHA, NE 68154	TRUSTEE	0	0.
MOGENS BAY ONE VALMONT PLAZA 202 OMAHA, NE 68154	TRUSTEE	0	0.
KEN STINSON ONE VALMONT PLAZA 202 OMAHA, NE 68154	TRUSTEE	0	0.
JOHN K. WILSON ONE VALMONT PLAZA 202 OMAHA, NE 68154	EXECUTIVE DIRECTOR	0	0.
KIMBERLY YUNGTUM ONE VALMONT PLAZA 202 OMAHĄ, NE 68154	DEPUTY EXECUTIVE DIRECTOR & CHIEF GRANTS OFFICER	0	0.
TOTAL COMPENSATION			0.