′	OOO T	Exempt Organization Business Income Tax Return									OMB No 1545	-068	7	
Form	990-T	(and proxy tax under section 6033(e))												
	,	For calendar year 2017 or other tax year beginning July 1 , 2017, and ending June 30 , 20 18												
	ent of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.												
	Revenue Service	▶ Do	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only											
A 🗆 🖁	Check box if '		Name of organization ( Check box if name changed and see instructions )  D Employer identification number  (Employees' trust see instructions )											
_	pt under section	Print	Print (Employees' trust, see instructions )											
_	D1( c )( <b>O</b> 3 )	or	or Number, street, and room or suite no. If a P.O. box, see instructions 47-0376583											
_	08(e)	Type	Type 2500 CALIFORNIA PLAZA  E Unrelated business activity codes (See instructions.)											odes
_	08A 530(a)		City or town, state or province, country, and ZIP or foreign postal code											
C Book	29(a) yalue of all assets	OMAHA, NE 68178-0410											2320	
at en	C Book value of all assets at end of year  1,253,696,981													
H De			n's primary unrela								(a) ii a	31 011	101 1	
			e corporation a sub							roup?		▶ ☐ Yes	<b>7</b>	No.
			and identifying nui					u., 0.	J. 1.1. O.1. O.2	поор			٠.	, , ,
	e books are in o				•			ephor	ne numbe	er 🕨		402-280-38	35	—
Part	Unrelated	d Trad	e or Business I	ncon	ne		(A) Income	;	(B) E	xpense	s	(C) Ne		<del></del>
1a	Gross receipts	or sale	es			T			2002	1/1/1/2/2			<b>31</b> E	200
b	Less returns and a	allowance	es		<b>c</b> Balance ►	1c			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
2	Cost of goods	sold (S	Schedule A, line 7)			2				પ્લન્સિપ્સુત: એપ્લેસ્ લગ્ગ્ય				<b>380</b>
3	Gross profit S	ubtract	t line 2 from line 1	3		3			# META	TALL.				
4a	Capital gain ne	et incor	ne (attach Schedu	ıle D)	•	4a			300					
b	Net gain (loss)	(Form 4	1797, Part II, line 1	7) (att	ach Form 4797)	4b								
С	Capital loss de					4c					×2.			
5			erships and S corpoi	ations	(attach statement)	5	282,052			XXX		282,0	52	
6	Rent income (S		•			6	•							
7			ed income (Sche			7			 				_	
8		-	and rents from controll	_										
9			ction 501(c)(7), (9), or (1										4	
10	=	•	ivity income (Sche	dule I	)	10	19,100		1	2,275		6,8	25	
11	Advertising inc		· ·			11			2 8 5	Ca. \$1.7a	jega resta vi		4	
12			ructions, attach scl	nedule	e)	12	187,918			~ ~ ~	#anite	187,9		
13 Part	Total. Combin		Taken Elsewhei	ro /So	o instructions fo	13	489,070			2,275		476,7	95	
T GIT			be directly conne						ns.) (⊏xc	ергіс	ir Con	itributions,		
14	··-·-		cers, directors, and				siriess iricorrie	·)			14	·	$\neg$	
15	Salaries and w		RFC	<b>JEN</b>	VFD _I	,			•		15	7,0	20	—
16	Repairs and m	•	nce -		72				·	Ì	16	7,0		
17	Bad debts		ule) 000 MAY	08	2019					Ì	17			
18	Interest (attach	sched	ule) 2 WA!	•						.	18		$\neg$	
19	Taxes and lice	nses		<u> </u>	C					- [	19		$\top$	
20	Charitable con	tributio	ns (See instruction	ns for	limitation rules)					1	20			
21	Depreciation (a	ıttach F	orm 4562) .				21				- 200g	-		
22	Less depreciat	ion clai	med on Schedule	A and	d elsewhere on re	eturn	22a				22b			
23	Depletion									ļ	^23	14		
24			red compensation	n plan:	S					֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	24			
25	Employee bene		=							ļ	25	-	$\perp$	
26			ises (Schedule I)							4	26`	3,2	99	
27			sts (Schedule J)		•		•			Į	ر27		_  _	
28	Other deduction									•]	28	46,4	04	
			ld lines 14 through								29	56,7		
			xable income befo				n Subtract line	e 29 f	rom line	13	30	420,0	72	
			duction (limited to							ļ	31	419,0	72	
			xable income befo					ı lıne	30 .	ļ	32	1,0	$\neg$	
			enerally \$1,000, b						Albana I.a	,,	33	1,0	00	
34	enter the small		taxable income. S ero or line 32	oubtra	actime 33 from III	ne 32	ii iiiie 33 is gre	ater	man iine	32,	_			
En: D:					<del></del>						34	Form <b>990</b>	0  T :-	
ror Pap	serwork Heaucti	on ACT I	Notice, see instruct	ions.			Cat No 11291	IJ				Form 990	- i (2	U1/) .

4-40-0-23-20123

Part I	Tax Computation	<u></u>		
35	Organizations Taxable as Corporations. See instructions for tax computa	tion Controlled grou	ıp 📰 qı	
	members (sections 1561 and 1563) check here ▶ ☑ See instructions and			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brad	ckets (in that order)		
	(1)  \$   (2)  \$   (3)  \$			
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$		
	(2) Additional 3% tax (not more than \$100,000)	\$	1	
С	Income tax on the amount on line 34	1	▶ 35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computat	ion Income tax of	on <b>Est</b>	
	the amount on line 34 from Tax rate schedule or Schedule D (Form 10	41) I	▶ 36	
37	Proxy tax. See instructions	1	> 37	
38	Alternative minimum tax		38	0 00
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0 00
Part I			· · · · · · · · · · · · · · · · · · ·	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	<b>SEC.</b>	
b	Other credits (see instructions)	41b		
С	General business credit Attach Form 3800 (see instructions)	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
е	Total credits. Add lines 41a through 41d		41e	]
42	Subtract line 41e from line 40		42	
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	43		
	Total tax. Add lines 42 and 43		44	
45a	Payments A 2016 overpayment credited to 2017 .	45a		
b	2017 estimated tax payments	45b		
С	Tax deposited with Form 8868	45c 5,000	00	
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d		
е	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments:   Form 2439			
	☐ Form 4136 ☐ Other ☐ Total ►	45g		
46	Total payments. Add lines 45a through 45g	. \$	1 46	5,000 00
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	<b>&gt;</b>	☐ 47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	_ 18	▶ 48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amour	nt overpaid	▶ 49	5,000 00
50	Enter the amount of line 49 you want	Refunded	<b>▶</b>   50	5,000 00
Part '	Statements Regarding Certain Activities and Other Information	n (see instructions)	•	
51	At any time during the 2017 calendar year, did the organization have an intere	st in or a signature o	r other auth	ority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YE		•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, e	nter the name of the	foreign cou	intry
	here •			
	During the tax year, did the organization receive a distribution from, or was it the granto	or of, or transferor to, a	foreign trust?	,
	If YES, see instructions for other forms the organization may have to file			
_53	Enter the amount of tax-exempt interest received or accrued during the tax yes			
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of wh			wledge and belief, it is
Sign	NA Way (b)		May the II	RS discuss this return
Here		ce President		oreparer shown below ctions)? <b>[XYes   No</b>
	Signature of officer Date Title			
Paid	Print/Type preparer's name Preparer's signature	Date	Check   if	PTIN
Prepa	nrer Donald Neal Jr	5/1/19	self-employed	P00798244
Use (	Only Firm's name ► KPMG LLP		Firm's EIN ►	13-5565207
	Firm's address ► 1212 N 96th Street, Ste 300, Omaha, NE 68114		Phone no	(402) 348-1450
				Form 990-T (2017)

Sche	dule A-Cost of Goods Sold.	Enter	method of II	nvent	ory va	luation ►				
1	Inventory at beginning of year	1			6	Inventory a	at end of year	6		
2	Purchases	2			7	Cost of	of goods sold. Subtract			
3	Cost of labor	3			l	line 6 from	om line 5. Enter here and			
4a	Additional section 263A costs					ın Part I, Iır	ne 2 .	7		
	(attach schedule)	4a			8		les of section 263A (with			10 3/1
b	Other costs (attach schedule)	4b				property p	rty produced or acquired for resale) apply 🔀			
5	Total. Add lines 1 through 4b	5				to the orga				
	dule C—Rent Income (From Finstructions)	Real I	Property and	d Pers	sonal	Property i	Leased With Real Pro	perty)		
1. Desc	ription of property									
(1)										
(2)										
(3)										
(4)										
	2. Rent red	eived c	r accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  (b) From real a percentage of rent 50% or if the rent					onal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and	/ connected with the d 2(b) (attach sched		
(1)										
(2)										
(3)				-			,			
(4)										
Total		То	tal				(b) Total deductions.			
	al income. Add totals of columns 2(a)	and 2(	b) Enter				Enter here and on page	·1,		
nere ar	nd on page 1, Part I, line 6, column (A)		<u> </u>				Part I, line 6, column (B)	<u> </u>		
Sche	dule E—Unrelated Debt-Finar	nced	Income (see	ınstru	ctions	)	2. Dodustions directly co.	anacted with or allo	cable to	
	4.5					come from or	Deductions directly connected with or allocable to debt-financed property			
	Description of debt-financed p	roperty		allocable to debt-financed property			(a) Straight line depreciation (attach schedule)	ductions	_	
(4)				<del>                                     </del>			(attach schedule)	(attach sch	iedule)	—
(1)				<del> </del>				<del> </del>		—
(2)				<del> </del>				<del> </del>		—
(3)			<del>.</del>	+				+		—
(4)	4. Amount of average 5 Ave	rage ac	ljusted basis	<del>                                     </del>				9 Allegable de		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			cable to ed property		4 dr	4 divided 7. Gross income reportable (column 6 × t		(column 6 × total		
(1)						%		1		_
(2)			.=			%				
(3)						%				
(4)						%				
···							Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c		
Totals						<b>&gt;</b>		<u> </u>		
Total o	lividends-received deductions includ	ed in c	olumn 8					<u> </u>		

Schedule F—Interest, Ann	uities	s, noyailles,			d Organizations	ganizations (se	e instruc	tions)	_	
		2. Employer tification number		nrelated income ee instructions)			controlling	6. Deductions directly connected with income in column 5		
(1)							- <del></del>			
(2)	_									
(3)										
(4)									·	
Nonexempt Controlled Organiz	ation	IS								
7. Taxable income 1		8. Net unrelated ind (loss) (see instruct			otal of specified yments made	10 Part of column included in the organization's great street and the column in the co	controlling	conne	leductions directly cted with income in column 10	
(1)					· · · · · · · · · · · · · · · · · · ·	-		<del> </del>		
(2)		-								
(3)			_					1		
(4)									•	
Totals					_	Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)	
Schedule G-Investment I	ncor	ne of a Sect	ion 50	1(c)(7), (9),	or (17) Organ	ization (see ins	tructions)	<u> </u>		
1. Description of income		2. Amount of	'income	dıre	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)		*								
(2)		·				, , , , , , , , , , , , , , , , , , ,				
(3)										
(4)										
		Enter here and Part I, line 9, c	on page olumn (A	) 1, A)				Enter he Part I, lu	re and on page 1, ne 9, column (B)	
Totals	<b>▶</b>	A saintan dan s		1960 F 1960						
Schedule I - Exploited Exe	mpt	Activity inco	ome, C	itner i nan	T	ncome (see inst	ructions)	-	1	
Description of exploited activi	ty	2. Gross unrelated business incor from trade o business	me co	3. Expenses directly connected with production of unrelated siness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expe attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) Catering		19.	100	12,275	6,825	386,135		389,434	3,299	
(2)				,	3,73				3,233	
(3)										
(4)									1	
Totals		Enter here and page 1, Part line 10, col (A	l, p:	er here and on age 1, Part I, e 10, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J-Advertising I	)COP	ne (see instruc	tione)		1000 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cot of the Cotton of the Cotto		THE REST	l	
Part I Income From P				a Consoli	dated Rasis					
Teret		Tepol	100	a 00113011	4. Advertising				7. Excess readership	
1. Name of periodical		2. Gross advertising income	adv	3 Direct vertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read cos		costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)					300 3-8-80 30 5-8					
Totals (carry to Part II, line (5))	>	<u> </u>								
								F	orm 990-T (2017)	

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 )

2 through 7 on a i	iiiie-b	y-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)			L				
Totals from Part I	▶						
Totals, Part II (lines 1 – 5)	<b>&gt;</b>	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, Fart II (lines 1—3)		<u> </u>	<u> </u>	a second of the contract of the	THE LESSES OF SAME		<del></del>

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)			%	
(3) 、			%	-
(4)			%	
Total. Enter here and	d on page 1, Part II, line 14		<b>&gt;</b>	

Form 990-T (2017)

## Form **4626**

Department of the Treasury Internal Revenue Service

## **Alternative Minimum Tax—Corporations**

► Attach to the corporation's tax return

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Employer identification number

**CREIGHTON UNIVERSITY** 47-0376583 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) Taxable income or (loss) before net operating loss deduction 1 420,072 2 Adjustments and preferences: 2a a Depreciation of post-1986 property (17, 146)**b** Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) . 2d Adjusted gain or loss . 2e (16,501)2f Long-term contracts . g Merchant marine capital construction funds 2g 2h h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) Tax shelter farm activities (personal service corporations only) 2i Passive activities (closely held corporations and personal service corporations only) 2i 2k k Loss limitations 21 Depletion m Tax-exempt interest income from specified private activity bonds 2m Intangible drilling costs . 2ก 20 Other adjustments and preferences 3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 386,425 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions . 4a Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions 4b c Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions. Note: You must enter an amount on line 4d 4d (even if line 4b is positive) . . ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT 5 5 386,425 6 Alternative tax net operating loss deduction. See instructions 347,783 7 Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual interest in a REMIC, see instructions 38,642 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0b Multiply line 8a by 25% (0 25) c Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-40,000 9 Subtract line 8c from line 7 If zero or less, enter -0-10 10 Multiply line 9 by 20% (0 20) 11 Alternative minimum tax foreign tax credit (AMTFTC) See instructions 11 12 Tentative minimum tax Subtract line 11 from line 10 12 13 Regular tax liability before applying all credits except the foreign tax credit 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return