| . | | | | | | | | | |
|-----------------------------------|---------------------------------------|---|---------------|-------------------------|-----------------|---------------------------------------|-------------|--|-------------------------------|
| oon. | - E | cempt Organization | | | | | rn. | OMB N | 0 1545-0687 |
| Form 990- | | (and proxy tax | | | | | 1906 | | |
| ν | For cale | ndar year 2018 or other tax year begin | ining _ | 07/01, 2018, | and ending | <u>, 06/30</u> , | 20 1 9 | 2(| 0 18 |
| Department of the Treas | · · · · · · · · · · · · · · · · · · · | ► Go to www irs gov/Form990 | | | | | ⊢ | Onen to Pu | iblic Inspection for |
| Internal Revenue Service | | not enter SSN numbers on this form a | | | | | | | organizations Only |
| A Check box i | | Name of organization (Check b | ox if nai | me changed and see | instructions |) | | yer idendiic yees' trust, see | ation number instructions) |
| B Eventual and a section | | INTER MAY OF THE M | T T T T | NDC | | | | | |
| B Exempt under sect | Print | Number, street, and room or suite no | | | | | 47-03 | 376605 | |
| 501()(U | ≝4 or | Number, street, and room or suite no | nar O | box, see instructions | • | | <u> </u> | E Unrelated business activity code | |
| | ^{220(e)} Type | 2201 FARNAM STREET | | | | | | structions) | , |
| 529(a) | ,30(a) | City or town, state or province, countr | v. and Z | ZIP or foreign postal c | ode | | 1 | | |
| C Book value of all as | sets | OMAHA, NE 68102 | • | - | | | ľ | | |
| at end of year | F Gro | up exemption number (See instruct | ions) | > | <u> </u> | - | .t | | |
| ' | G Che | eck organization type X 501 | (c) co | rporation | 501(c) | trust | 401(a) | trust | Other trust |
| H Enter the numb | | inization's unrelated trades or busine | | | | Describ | e the only | (or first) un | related |
| trade or busines | ss here ▶PAF | RKING FRINGE BENEFITS | | If c | only one, c | omplete Parts | I-V If more | than one, | describe the |
| first in the blan | k space at the | end of the previous sentence, con | mplete | Parts I and II, com | nplete a Sch | nedule M for ea | ch addition | ıal | |
| trade or busines | | | | | | | | | |
| I During the tax y | year, was the | corporation a subsidiary in an affil | ıated g | roup or a parent-su | ibsidiary co | ntrolled group? | | ▶ ∟ | Yes X No |
| | | identifying number of the parent co | rporation | | | | 0. 5.00 | 7020 | |
| | | CAN HRDLICKA | | | | number ▶ 40 | | | |
| | | or Business Income | 1 | (A) Incom | e | (B) Exper | nses | ļ· | (C) Net |
| 1a Gross receip | · | - Palaca N | | | [| | | | ; |
| b Less returns and Cost of good | | ule A, line 7) | 1 c 2 | | | · · · · · · · · · · · · · · · · · · · | - | | |
| · · · · · · · · · · · · · · · · · | • | 2 from line 1c | 3 | | | | | | |
| | | attach Schedule D) | 4a | | | | | † | |
| | | Part II, line 17) (attach Form 4797) | 4b | | | | | | |
| | | rusts | 4c | | | | <u> </u> | | |
| | | r an S corporation (attach statement) | 5 | | | | • | | |
| 6 Rent income | (Schedule C) | | 6 | | | | | | |
| 7 Unrelated de | ebt-financed in | come (Schedule E) | 7 | | | | | | |
| 8 Interest, annuiti | es, royalties, and re | ents from a controlled organization (Schedule F) | 8 | | | | | | |
| 9 Investment incor | me of a section 50 | 1(c)(7), (9), or (17) organization (Schedule G) | 9 | | | | | | |
| • | | ncome (Schedule I) | 10 | | | | | | |
| | | dule J) | 11 | | | | | | |
| | | tions, attach schedule) | 12 | | 0. | | - | | |
| | | ough 12 | | ns for limitatio | | ductions) (| Except for | or contrib | utions |
| | | be directly connected with t | | | | | LACOPTIA | 51 00111110 | -410110, |
| 14 Compensation | on of officers | directors, and trustees (Schedule K) | | | | | 14 | | |
| 15 Salaries and | wages | | | . REC | EIV/EI | <u> </u> | 15 | | |
| 16 Repairs and | maintenance | | | . J [| -14-[| <u> </u> | 16 | | |
| 17 Bad debts. | | | | 18 000. | | 181 | 17 | <u> </u> | |
| | | (see instructions) | | | 2 6 2019 | 9 . 일 | 18 | <u> </u> | |
| 19 Taxes and lic | enses | | | · · · <u> </u> | | 88 | 19 | | |
| 20 Charitable of | ontributions (S | See instructions for limitation rules) | | · · · · OGDI | EN TI | | 20 | | |
| - Doprodiane. | . (| / / - / / · · · · · · · · · · · · · · · · | | | | <u> </u> | | | |
| | | on Schedule A and elsewhere on re | | | | | 22b | | |
| | | | | | | | | ļ | |
| | | compensation plans | | | | | 1 | | |
| | | Schedule I). | | | | | | | |
| | | chedule J) | | | | | (| | |
| | | chedule) | | | | | 1- | | |
| | | s 14 through 28 | | | | | | | |
| | | le income before net operating | | | | | [| | |
| | | g loss arising in tax years beginning | | | | | | | |
| | • | e income Subtract line 31 from line | • | • | | • | | | |
| Con Demanda De | duation 8 - 4 5 | leties and instructions | | | | | | - | 000 T (0040) |

| | 990-T (2018) | | Page |
|-------------------|--|------------------|----------------------------|
| Par | t III Total Unrelated Business Taxable Income | <u> </u> | |
| 33, | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | 1 1 | |
| | Instructions) | 33 | |
| 34 | Amounts paid for disallowed fringes | 34 | 8,100 |
| 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 | | |
| 50 | of lines 33 and 34 | 36 | 8,100 |
| 27 | | | 1,000 |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 3/ - | 1,000 |
| 38 | Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36, color the smaller of area or line 36 | | 7 100 |
| | enter the smaller of zero or line 36 | 38 | 7,100 |
| Par | t IV Tax Computation | | 1 101 |
| 39 | Organizations Taxable as Corporations Multiply line 38 by 21% (0 21) | 39 | 1,491 |
| 40 | Trusts Taxable at Trust Rates See instructions for tax computation Income tax on | 111 | |
| | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) | 40 | |
| 41 | Proxy tax See instructions | 4 1 | |
| 42 | Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · · | | |
| 43 | The state of the s | اخدا | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 1,491 |
| Par | tV Tax and Payments | .'- " | |
| | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | | |
| | Other credits (see instructions) | 1 | |
| | General business credit Attach Form 3800 (see instructions) | 1 | |
| 4 | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1 | |
| u | Total credits Add lines 45a through 45d | 45e | |
| | Subtract line 45e from line 44 | 1 8 1 | 1,491 |
| 46 47 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | | |
| | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8686 Other (attach schedule) | 48 | 1,491 |
| 48 | Total tax Add lines 46 and 47 (see instructions) | | 1,451 |
| 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 | - | |
| b | 2018 estimated tax payments | 4 | |
| С | Tax copecited with Commercial Control of the Contro | - | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 4 | |
| | Backup withholding (see instructions) | 4 | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 4 | |
| g | Other credits, adjustments, and payments Form 2439 | | |
| | Form 4136 Other Total ▶ 50g | - | |
| 51 | Total payments Add lines 50a through 50g | 51 | 2,000 |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 52 | 66 |
| 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 | 443 |
| 9 ₅₅ . | Enter the amount of line 54 you want | 55 | |
| Par | Statements Regarding Certain Activities and Other Information (see instruction | ns) l | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature of | r other au | thority Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in | ay have t | o file |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the | foreign co | ountry |
| | here ▶ | • | · x |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | uan taust? | x |
| 51 | If "Yes," see instructions for other forms the organization may have to file | agir trustr. | · · · · - - |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| | Under enablies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | best of my kn | owledge and belief, it |
| Sign | true correct, and complete. Declaration of preharer (other than taxpaver) is based on all information of which preparer has any knowledge | , | |
| | | • | discuss this return |
| Here | | | parer shown below |
| | | e instructions)? | |
| Paid | Print/Type preparer's name Pseparer's signature Che | I | PTIN |
| Prep | arer | employed | P01063388 |
| Use | Omly Firm's name P BRD, BBE | | 1-0160260 |
| | Firm's address ► 1248 O STREET, STE 1040, LINCOLN, NE 68508-1461 Phor | | 473-7600 |
| JSA | - | | Form 990-T (2018 |

%

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

▶

Page 4

| Schedule F—Interest, Ann | ulues, Royalues | | pt Controlled O | | | tions (see | i iisti detto | | |
|--|--|--|--|--|------------------------------------|--|--|--------|---|
| 1 Name of controlled organization | 2 Employer identification number | | 3 Net unrelated income (loss) (see instructions) | | 4 Total of specified payments made | | 5 Part of column 4 that is included in the controlling organization's gross income | | 6 Deductions directly connected with income in column 5 |
| (1) | - | | | | | | | | |
| (2) | | | | | _ | ļ | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | |
| 7 Taxable Income | 8 Net unrelated in (loss) (see instruc | | 9 Total of specific payments mad | | ınclı | art of column ded in the co lization's gros | ntrolling | | Deductions directly nected with income in column 10 |
| (1) | _ | | <u></u> . | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | _ | | | | | | | | |
| Totals | | | | ► 7) Orga | Ente Par | d columns 5 as there and on 1, line 8, columns 1, l | page 1, mn (A) | Ente | id columns 6 and 11 er here and on page 1, rt I, line 8, column (B) |
| 1 Description of income | 2 Amount of | income | 3 Dedu directly co (attach so | nnected | | | t-asides schedule) | | 5 Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | Enter here and on page 1 |
| Totals | Enter here and Part I, line 9, c | olumn (A) | er Than Adver | tising Ir | ncome | (see instru | ictions) | | Part I, line 9, column (B) |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expense directly connected production unrelated business inc | with or business | ated trade s (column olumn 3) compute | from is no | oss income activity that t unrelated ess income | 6 Exper attributal columi | ble to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | - | - | ·-·- |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | <u> </u> | - | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | Enter here ar page 1, Pai line 10, col | rt I, | | | | | | Enter here and on page 1, Part II, line 26 |
| Totals | | ··ations\ | 1 | | | · | | | |
| Schedule J- Advertising II Part I Income From Per | | | neolidated De | eic | | | | | |
| Part I Income From Per | Todicals Report | ed on a Co | insolidated ba | 1515 | 1 | | | | |
| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising of | 2 | oss) (col col 3) If ompute | | irculation ncome | 6 Reade costs | - | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | - | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | 7 |
| (4) | <u> </u> | | | | | | | | <u> </u> |
| | | **** | | | | | | • | |
| Totals (carry to Part II, line (5)) | | | | | | | | | 7 000 T (22.12) |

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) | | , , | | Enter here and on page 1, Part II, line 27 | |
| Totals, Part II (lines 1-5) ▶ | • | | | | - | | |
| Schedule K - Compensation | on of Officers, D | irectors, and Tr | ustees (see instr | uctions) | | | |
| 1 Name | | 2 Title | | 3 Percent of time devoted to | 4 Compensation attributable to | | |

| 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)