Form 990-T	j E	xempt Organization Bus	sine	ss Income T	ax Retu	ırn	OMB No 1545-0687
		(and proxy tax und	er se				2018
• •	For cal	endar year 2018 or other tax year beginning Go to www irs.gov/Form990T for in	etructu	and ending	nation		2010
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	NEBRASKA HUMANE SOCIET	Ϋ́				7-0378997
X 501(c)(3U)	or Type	Number, street, and room or suite no If a P.O. box	x, see ır	nstructions.			ated business activity code instructions)
408(e) 220(e)	.,,,,	8929 FORT STREET		<u> </u>			
408A530(a) 529(a)		City or town, state or province, country, and ZIP of OMAHA, NE 68134	541	541800			
C Book value of all assets at end of year	- 0	F Group exemption number (See instructions.)	<u> </u>				4
45,363,9	68.	G Check organization type ► X 501(c) corp	oration			01(a) trust	Other trust
trade or business here	-	tion's unrelated trades or businesses.	<u> </u>		the only (or firs	•	
			urto I o o		complete Parts		
business, then complete		ce at the end of the previous sentence, complete Pa	ii is i aii	ia ii, compiete a Scheduk	e ivi iur eacii aud	יונוטוומו נומטי	e ui
		oration a subsidiary in an affiliated group or a parer	nt-suhs	idiany controlled group?		► 1 Ye	es X No
		tifying number of the parent corporation.	11 3003	idiary controlled group	•		23 [24] 140
J The books are in care of		, ,		Teleph	one number	402-	444-7800
Partil Unrelated	d Trac	le or Business Income		(A) Income	(B) Expe	nses	(C) Net
1a Gross receipts or sale	es					A COMPANY	11年20年20日
b Less returns and allow		C Balarice D	1c			3,4774	500.96g10 带着55g
2 Cost of goods sold (S		A, line /	2			源的意	图10条件 网络大线型
3 Gross profit Subtract		om line 16	3			NAME OF THE PERSON OF THE PERS	
4a Capital gain net incon	•	المسا	4a		\$0° (3° (24) :		
		are ii, iiile ii a (attacii i oriii 47 37)	4b				
c Capital loss deduction			4c		Carlo Barrello		
		ship or an Sicorporation (attach-statement)	5		是非常語為法	Market Control	
6 Rent income (Schedu	· ·	on (Cabadula E)	<u>6</u> 7				<u> </u>
7 Unrelated debt-financ			8				
		nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$				
10 Exploited exempt acti			10				· · · · · · · · · · · · · · · · · · ·
11 Advertising income (S	•	,	11		<u> </u>		<u> </u>
		s; attach schedule) STATEMENT 1	12	12,190.			12,190.
13 Total. Combine lines			13	12,190.			12,190.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions fo	or limita	ations on deductions)			'
(Except for d	contribi	utions, deductions must be directly connected	d with	the unrelated busines	s income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	ļ
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
19 Taxes and licenses	(0					19	
20 Charitable contributi	ons (Sec	e instructions for limitation rules)		امرا		20	
21 Depreciation (attach		n Schedule A and elsewhere on return		21		22b	
23 Depletion	aiiiieu oi	I Schedule A and elsewhere on return		22a		23	· · · · · · · · · · · · · · · · · · ·
24 Contributions to defe	erred co.	mnensation plans				24	
25 Employee benefit pro		mpondation plans				25	
26 Excess exempt expe		chedule I)				26	
27 Excess readership or						27	
28 Other deductions (at						28	
29 Total deductions. A						29	0.
		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	12,190.
31 Deduction for net op	erating l	oss arising in tax years beginning on or after Janua	ıry 1, 20	18 (see instructions)		31	海沙森的
32 Unrelated husiness t	avahle u	ncome. Subtract line 31 from line 30				32	1 12 190

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	12	, 19	0.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	12	, 19	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1	0.0	00.
		37		, 00	<u>··</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	00			0.
D4-1		38			<u> </u>
Part I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:				
	Tax rate schedule or Schedule D (Form 1041)	▶ 40			
41	Proxy tax. See instructions	▶ 41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income See Instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			0.
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other credits (see instructions) 45b	□ '.			•
C	General business credit. Attach Form 3800 45c	\neg , \mid			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	- ¹			
	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			0.
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduling)				
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			0.
		45			<u> </u>
	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) 50d	⊣ ∣			
	Backup withholding (see instructions) 50e	_ .			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	_			
g	Other credits, adjustments, and payments: Form 2439	1 1			
	Form 4136 Other Total ▶ 50g				
51	Total payments Add lines 50a through 50g	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			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 55	-		
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Y	es	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			,	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		-	٠.[-
	here >]~~		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		— <u> </u>	\dashv	X
٠.	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			-	٠٠,
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge ar	nd belief, it is tru	<u></u> e.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			•	
Here	Mance Hint 1/12-19 EXECUTIVE DIRECTOR		discuss this re		ith
	Signature of officer / Date Title	instructions	r shown below (s s)? X Yes	see	No
			. [66]		NO
	Print/Type preparer's name Preparer's signature Date Check	l if PTIN	4		
Paid	Self- employ		000145	0.77	
Prepa	arer RODNEY J. ANDERSON / Julium, of 11/07/19		000145		
Use C	only Firm's name ► MASIMORE, MAGNUSON & ASSOC., P.C. Firm's EIN	<u>▶ 4</u>	7-0804	904	<u> </u>
	11440 WEST CENTER ROAD SUITE B			.	_
	Firm's address OMAHA, NE 68144-4483 Phone no.	(402)334-0	60()

Schedule A - Cost of Goods Sold. Enter	r method of inven	ntory va	lluation > N/A	,			
1 Inventory at beginning of year 1		6 Inventory at end of year 6					
2 Purchases 2		7	Cost of goods sold. Su	ıbtract I	ine 6		
3 Cost of labor 3		1	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule) 4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule) 4b		1	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b 5			the organization?				
Schedule C - Rent Income (From Real (see instructions)	Property and	d Per	sonal Property	Leas	ed With Real Pro	pert	y)
Description of property							
(1)							
(2)			•				
(3)							
(4)							
	ved or accrued				2/a) Daduations directly		atad with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	personal p	nal property (if the percent property exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) ai	nd 2(b)	(attach schedule)
(1)							
(2)							
(3)			•				
(4)					Ì		
Total 0.	Total			0.			
(c) Total income. Add totals of columns 2(a) and 2(b) Enhere and on page 1, Part I, line 6, column (A)	nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Debt-Finance	Income (see	ınstruc	tions)	-			
	·				3. Deductions directly con		
•			Gross income from or allocable to debt-	(2)	to debt-finance	cea pro	(b) Other deductions
1 Description of debt-financed property			financed property	(4,	(attach schedule)		(attach schedule)
(1)		1					
(2)						1	
(3)						Ť	
(4)		1					
debt on or allocable to debt-financed of or property (attach schedule) debt-fina	e adjusted basis allocable to anced property th schedule)	6 Column 4 divided by column 5					8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		1	%			\top	
(2)		1	%			\top	
(3)			%			\top	
(4)		†	%			\top	
<u> </u>		•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			.		0		0.
Total dividends-received deductions included in colum	n 8				<u> </u>	-	0.

			Exempt	Controlled O	rganızat	ions				
1 Name of controlled organiz	zation	2. Employer identification number		related income e instructions)		tal of specified ments made	includ	rt of column 4 led in the cont tation's gross	trolling	6 Deductions directly connected with income in column 5
(1)										
(2)					1					
(3)										
(4)					1					
Nonexempt Controlled Organ	nizations						`	-		
7. Taxable Income	8 Net unrelate (see inst	d income (loss) ructions)	9. Total	of specified pay made	ments	10. Part of colur in the controlli gross		nızatıon's	11. Dec with	ductions directly connected income in column 10
(1)	 		-			. ,				
(2)			<u> </u>					-		
(3)		, , , , , , , , , , , , , , , , , , , ,								
(4)										
- X-V	•		_ 1			Add colun Enter here and line 8, c	on pag	e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								0.	,	0.
Schedule G - Investm	ent Income	of a Sect	ion 501(c)	7) (9) or	(17) O	rganization	·	<u> </u>		
	structions)	J. a 000.		(,), (0), 0	(, 0.	gamzanon				
1. Des	scription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)	3	·								
	•			Enter here and Part 1, line 9, co	olumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals			<u>_</u>		0.	\$25 3		A CENTE	Unit 1	0.
Schedule I - Exploited (see inst	ructions)	tivity Inc	ome, Othe	1 .		ing Income	}	1		T
1. Description of exploited activity	2. Gross unrelated busine income from trade or busine	ess dire	B. Expenses ctly connected th production of unrelated siness income	4. Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2) (3) (4)										
(3)		1			•					
(4)					·					
	Enter here and page 1, Part I line 10, col (A	p In	er here and on age 1, Part I, le 10, col (B)							Enter here and on page 1 Part II, line 26
Totals Advertis	ing Income	0.	0.			44.26.71.73.99	900 U.	Vir. 1	Self C	<u> 0.</u>
Schedule J - Advertis				a a li data a	l Basia					
income From	Periodicals	неропе	on a Cor	isolidated	i basis	•		.		
1 Name of periodical	adver	iross tising ome	3 Direct advertising costs	or (loss) (c col 3) If a g cols 5 t	hrough 7			6. Read cos		.7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						75				
(2)						<u> </u>				496 S C 276 E S S S S S S S S S S S S S S S S S S
(3)						Ŷ.				
(4)					XXXe.					
Totals (carry to Part II, line (5))	>	0.).						0.

Part III 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	•	0.	0.				0.
		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)	>	. 0.	0.				0.

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

1. Name	2 Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T		STATEMENT	1		
DESCRIPTIO	N			AMOUNT	
SPONSORSHI	- P			12,190	0.
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 12		12,190	0.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09 12/31/10 12/31/11	53,408. 62,393. 61,998.	53,408. 36,584. 0.	0. 25,809. 61,998.	25,809 61,998	•
12/31/12 12/31/15	79,818. 93,177.	0.	79,818. 93,177.	79,818 93,177	•
NOL CARRYO	VER AVAILABLE THIS	YEAR	260,802.	260,802	-