Form: 990-T	E	Exempt Organization Bus		ess Income	, Гах₋Ret	urn	OMB N	1545-0047
, marin		(and proxy tax und			1917	7/	20	010
**	For ca	lendar year 2019 or other tax year beginning		, and ending	<u> </u>		2	JIS
Department of the Treasury Internal Revenue Service	 	► Go to www.irs gov/Form990T for i Do not enter SSN numbers on this form as it ma				(c)(3).	Open to Pu 501(c)(3) Or	iblic Inspection for ganizations Only
A Check box if address changed		Name of organization (Check box if name i	change	d and see instructions.)		- (Em	loyer identifi ployees' trus ructions)	cation number t, see
B Exempt under section	Print	NEBRASKA HUMANE SOCIET	ľΥ			4	17-03	78997
X 501(C) 3)	Or Type	Number, street, and room or suite no. If a P.O. bo	x, see ı	nstructions. > >			lated busine	ss activity code
408(e) 220(e)	lighe	8929 FORT STREET						•
408A 530(a) 529(a)		City or town, state or province, country, and ZIP (or foreig	n postal code		541	800	
C Book value of all assets at end of year		F Group exemption number (See instructions.)						
54,207,4	98.	G Check organization type X 501(c) cor	poratio	n 501(c) trust	4	401(a) trust		Other trust
n circi me number or me	organiza	tion's unrelated trades or dusinesses.	1	Describe	the only (or fir	· · · ·		
trade or business here					, complete Part			,
		ce at the end of the previous sentence, complete P	arts I ar	nd II, complete a Schedul	e M for each ac	iditional trad	e or	
business, then complete		-v oration a subsidiary in an affiliated group or a pare	at cube	udiany controlled group?			es X	No
		tifying number of the parent corporation.	:::เ-รนมธ	ndiary controlled group?		- '	es Las	J INO
J The books are in care of				Teleph	one number	402 -	444-	7800
		de or Business Income		(A) Income	(B) Exp		_	(C) Net
1a Gross receipts or sale		[53.4	NV HOLK	FA.127	
b Less returns and allo	wances	c Balance	1c			F. 7.	18 M	(1805-74) SY / 141
2 Cost of goods sold (S	Schedule	A, line 7)	2					The Market of The
3 Gross profit. Subtract	t line 2 fr	om line 1c	3		R. Sally Street			
4a Capital gain net incon	•	•	4a		教会門所の		Ţ	
		art II, line 17) (attach Form 4797)	46		Sam while	,	· 	
c Capital loss deduction			4c		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
` '	•	thip or an S corporation (attach statement)	5		i in the said	74. 125.E.(u)	<u> </u>	
6 Rent income (Schedum)7 Unrelated debt-finance	•	ne (Schadula E)	7					
		nd rents from a controlled organization (Schedule F)	<u> </u>				 	
		in 501(c)(7), (9), or (17) organization (Schedule G					 	
10 Exploited exempt acti			10				<u> </u>	
11 Advertising income (-	•	1,1/					
12 Other income (See in	struction	s; attach schedule) $$ STATEMENT $$ $$ $$	12	13,793.	Te . Dog _ je	高級特合		13,793.
13 Total. Combine lines	3 throu	gh 12	13	13,793.			<u> </u>	13,793.
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing the connected busing the connected the connected busing the connected busing the connected the connec			1			
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				14		
15 Salaries and wages						15		
16 Repairs and mainter	nance	'				16	<u> </u>	
17 Bad debts						17	ļ. —	
18 Interest (attach sche	dule) (s	ee instructions)				18		
19 Taxes and licenses	F 45		•	1 00 1		19	<u> </u>	
20 Depreciation (attach		1 Schedule A and elsewhere on return		20 21a		21b	1	
21 Less depreciation cl22 Depletion	aiiiieu ui	Schedule A and eisewhere on return		214		22	 	
23 Contributions to def	erred co	mnensation nlans				23		
24 Employee benefit pr		mpondanon piano			1	24	<u> </u>	
25 Excess exempt expe		chedule I)	1	KECETYED	\	25		
26 Excess readership c			1 :-		• 7,	26		
27 Other deductions (at				NOV 123 2020	141	27		
28 Total deductions. A			ic. i			28	ļ	0.
29 Unrelated business t	taxable ıı	ncome before net operating loss deduction. Subtra oss arising in tax years beginning on or after Janua	ct line 2	8-from line 13	7	29	<u> </u>	13,793.
30 Deduction for net op (see instructions)	erating l	oss arising in tax years beginning on or after Janua	ary 1, 20	018/00114, 0		30		0.
	taxable ii	ncome. Subtract line 30 from line 29				31	† :	13,793.
		work Reduction Act Notice, see instructions.		- ,		7	Form 9	990-T (2019)

_		NEBRASKA HUMANE SOCIETY			47	-0378	997	Page 2
Part		Total Unrelated Business Taxable Income						
32 /	Total o	funrelated business taxable income computed from all unrelated trades or businesses (see insi	tructions)		32	1	3,7	93.
33	Amoun	ts paid for disallowed fringes			33			
34	Charita	ble contributions (see instructions for limitation rules)		_	34			0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34	from the sum of line	s 32 and 33_	35	1	3,7	93.
		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instruction			36			93.
		funrelated business taxable income before specific deduction. Subtract line 36 from line 35	,	U	37			
		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		B	38		1.0	00.
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		U				
		ie smaller of zero or line 37			39			0.
		Tax Computation			. 38	-		
		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)			140			0.
		Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line	. 00 (40			- • •
71	_		e 39 trom:	_	- <u>-</u> -			
40					41			
		ax. See instructions			42			
		tive minimum tax (trusts only)			43			
		Noncompliant Facility Income. See instructions			44			
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies			45			0.
Part		Tax and Payments						
		Land to the state of the state	6a					
b	Other c	redits (see instructions)	6b					
C	General	business credit. Attach Form 3800	6c		1			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	6d		1			
		redits. Add lines 46a through 46d			46e			
47	Subtrac	t line 46e from line 45			47	•		0.
48	Other ta	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attac	h schedule)	48			
		x. Add lines 47 and 48 (see instructions)	01.101 (01.00		49			0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50			0.
		· · · · · · · · · · · · · · · · · · ·	1a		-30			
	-	· · · ·						
		<u> </u>	1b	·				
		<u></u>	1c					
	-	· · · · · · · · · · · · · · · · · · ·	1d					
		- · · · · · · · · · · · · · · · · · · ·	1e					
f	Credit fo		i1f					
9 ,	_	edits, adjustments, and payments. Form 2439	[
l	Fo	orm 4136 Other Total ▶ <u>5</u>	1g					
52	Total pa	ayments. Add lines 51a through 51g			52			
53	Estimate	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			53			
54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶ 1	54			
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		▶ 1	55			
56	Enter th	e amount of line 55 you want. Credited to 2020 estimated tax	Refund	ed 🕨	56			
Part		Statements Regarding Certain Activities and Other Information						
		ime during the 2019 calendar year, did the organization have an interest in or a signature or oth	`			I	Yes	No
	•	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•			F		 -
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreig						į
		To the transfer of the relation of the formation of the second of the first the fine for the foreign	ii couili y			j		_X
	here							$\frac{\Lambda}{X}$
	_	he tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to, a toreign tr	ustv			-	<u> </u>
	-	see instructions for other forms the organization may have to file.				į		}
59		e amount of tax-exempt interest received or accrued during the tax year > \$					J	
C:	CO	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and state rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	ments, and to the bi as any knowledge	est of my know	vledge an	d belief, it is t	rue,	
Sign		1/2 1/12-24		Ma		discuss this		/ith
Here		Mancy H (11 A 1713 AU EXECUTIVE	E DIRECT			shown below		
		Signature of officer Date Title		ıns	tructions)	? X Yes	; <u> </u>	No
		Print/Type preparer's name V Preparer's signature Date	Che	ckif	PTIN			
Paid			self-	employed				
	020-	RODNEY J. ANDERSON / Lether Ch 10/2	27/20		P(00145	87	
Prepa	arer	Firm's name ► MASIMORE, MAGNUSON & ASSOC., P.C.		n's EIN 🕨		7-0804		4
Use (Uniy	11440 WEST CENTER ROAD SUITE B						—
		Firm's address ► OMAHA, NE 68144-4483	Dh.	one no. (4021	334-0	ารกา	n
		THING GOOD P OFFITTY, ME VOITE - 4400		ייום ווט. /	404 J	7.74	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>

Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory valuation N/A	I				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. S	ubtract lin	e 6			
3 Cost of labor	3		from line 5. Enter here	and in Pa	rt I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	1 263A (wi	th respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired f	or resale) apply to		1	, 1
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Personal Property	Lease	d With Real Pro	perty)		
1. Description of property								
(1)							, <u>-</u>	
(2)								
(3)								
(4)								
		ed or accrued			2(a) Dodustions diseath			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) an	d 2(b) (attac	h schedule)	ın
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		ء ا ا	b) Total deductions. Inter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	e instructions)					
			2. Gross income from	,	3. Deductions directly cont to debt-financ		or allocable	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)		Other deduction ttach schedule)	
(1)				1				
(2)			·	† · · · · · ·		<u> </u>		
(3)								
(4)				1				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income eportable (column 2 x column 6)		Allocable deduct on 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)	Ī		%			1		
(3)			%					
(4)			%					
					er here and on page 1, t I, line 7, column (A)		here and on pag , line 7, column	
Totals			•		0	.		0.
Total dividends-received deductions in	ncluded in columi	n 8	-		•	1		0.

Schedule F - Interest	, Annuitie	es, Royaltie		Controlled O	_		zations (see in	struction	is)
1. Name of controlled organ	ization	2. Employe identification number	r 3. Net unr	elated income instructions)	4 . To	tal of specified ments made	5. Part of column a included in the cororganization's gross	ntrolling	6. Deductions directly connected with income in column 5
(1)					<u> </u>				
(2)									
(3)									
(4)									
Nonexempt Controlled Orga	ınızatıons								-
7. Taxable Income		nrelated income (lo ee instructions)	ss) 9. Total	of specified pay made	ments	in the controlli	mn 9 that is included ing organization's i income		ductions directly connected income in column 10
(1)									
(2)	1			_					
(3)									
(4)									
Tabala						Enter here and	on page 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
_{Totals} Schedule G - Investn	ant Inco	no of a Sa	stion E01/a/	7) (0) 0:	<u>►</u>	anizetie-	0.	1	0.
	structions)	ne or a sec	ction ad i(c)(7), (9), or	(17) O	ganization			
	escription of inco	me		2. Amount of	ıncome	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)									
Totals Schedule I - Exploite	d Exempt	Activity In	come, Other	Part I, line 9, co	0 •	ng Income	The state of the s	· 1000000000000000000000000000000000000	Enter here and on page 1, Part I, line 9, column (B)
(see inst	2. G unrelated income trade or t	business from	3 Expenses rectly connected with production of unrelated pusiness income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals	Enter her page 1, line 10,	Part I,	nter here and on page 1, Part I, line 10, col (B)				新工作		Enter here and on page 1, Part II, line 25
Schedule J - Advertis	sing Incor	ne (see instru	uctions)						
Part I, Income From				solidated	Basis				
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat income			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				124.45	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	à			CENTRAL TEXT OF
(2)					THE	*			
(3)									1
(4)					1 11 3 15	<u> </u>			
Totals (carry to Part II, line (5))		0.	0						0.
results (our y to rait in, line (3))		V • [<u>-</u>			L		Form 990-T (2019)

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)			-	i			
(3)							
(4)							
Totals from Part I	▶	0.	0.	, ·	N 1 4 4 4 4 4	77	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 26
Totals, Part II (lines 1-5)	▶	0.	0.	1 Jr ms -	£	- , - · · · · ·	0.

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

1. Name	2. Title	3. 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** (2019)

FORM 990-7	r 	OTHER :	INCOME		STATEMENT	1
DESCRIPTION					AMOUNT	
SPONSORSH	IP				13,7	93.
TOTAL TO I	FORM 990-T, PAGE 1,	LINE 12			13,7	93.
FORM 990-1	r net	OPERATING	LOSS D	EDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09 12/31/10 12/31/11 12/31/12 12/31/15	53,408. 62,393. 61,998. 79,818. 93,177.		,408. ,774. 0. 0.	0. 13,619. 61,998. 79,818. 93,177.	13,61 61,99 79,81 93,17	8. 8.
NOL CARRYO	OVER AVAILABLE THIS	YEAR		248,612.	248,61	2.