94. 9° .	•	7	1	-viril	-	وه و این در او این اختران این می این	W 17 8	41 51 42		;·
	<u> </u>	10	و د د و و معالم	are to be the	1. 1.	Mintes Air, e la mo	Start is	运动数率的数	9.	ý
1.0	COM T	Ex	tempt Organi	zation,	Bus	siness Inc	come	Tax Retui	rn 🐾	OMB No 1545-0687
(Feet)	2990-1					der section			[0040
		For cale	ndar year 2018 or other t							2018
	tment of the Treasury		►Go to www.irs.g							Open to Public Inspection for
	Charle boy of	D o	not enter SSN numbers			ay be made public me changed and se				501(c)(3) Organizations Only over identification number
A L	Check box if address changed		Name of organization (Check b	OX II IIAI	ine changed and se	e instruction	is)		oyees' trust, see instructions)
BEX	empt under section	-	UNIVERSITY O	F NEBRA	SKA	FOUNDATION	Ī			
	501(C)(3 P3	Print	Number, street, and room						47-0	379839
	408(e) 220(e)	or	· · ·			·			E Unrel	ated business activity code
	408A 530(a)	Туре	PO BOX 82555	i					(See in	nstructions)
	529(a)		City or town, state or pr	ovince, countr	y, and a	ZIP or foreign postal	code			
	ok value of all assets		LINCOLN, NE	68501		_			5259	90
at (end of year		up exemption number	<u> </u>						
	2516577930.	G Che	ck organization type	X 501	(c) co	rporation	501(c) trust	401(a)	trust Other trust
			inization's unrelated trad		esses	≥ 2		Describe	the only	(or first) unrelated
		_	ESTMENTS ACTI				•	•		e than one, describe the
			end of the previous s	entence, co	mplete	Parts I and II, co	mplete a S	chedule M for ea	ch additio	nal
	ade or business, th									······································
			corporation a subsidia	· •	-		subsidiary (controlled group?		▶ Yes X No
			identifying number of t ROY K. WILHELM		rporati	on >	Tolophor	ne number ▶ 40	2-458	-1100
			or Business Incom			(A) Inco		(B) Expen		(C) Net
1a	Gross receipts or		Di Dusiliess lilcoli		1	(A) IIICO		(b) Expen	363	(o) Net
b	Less returns and allowa			c Balance ▶	1c					
2			ule A, line 7)	-	2					·
3	<u> </u>	-	2 from line 1c		3					
4a			ittach Schedule D)		4a					
b			Part II, line 17) (attach Fo		4b					
С	Capital loss dedu	ction for t	trusts		4c					
5	Income (loss) from a p	artnership o	r an S corporation (attach state	ement)	5	-3,644	1,607.	ATCH 1		-3,644,607.
6	Rent income (Sch	edule C)			6					
7	Unrelated debt-fire	nanced in	come (Schedule E) .		7	ļ				
8	Interest, annuities, roya	alties, and re	ents from a controlled organizat	tion (Schedule F	8					
9			1(c)(7), (9), or (17) organization							
10			ncome (Schedule I) .							
11	•	•	dule J)		_					
12	•		ctions, attach schedule)			-3 644	1,607.	<u> </u>		-3,644,607.
13 Pa	Total. Combine III	nes 3 um	ough 12	(See inst	ructio			leductions) (I	Except f	
r e			be directly conne	•					_AOOP! I	J. John Bullond,
14			directors, and trustees						14	
15	· ·									
16										
17	Bad debts								17	
18	Interest (attach s	chedule)	(see instructions)					ATCH 2	18	133,313.
19										19,790.
20			See instructions for lim							
21	Depreciation (att	ach F ्रि त्	46EIVED			🗀	21	1,004,852	<u>·</u> -	
22	Less depreciation	claimed	on Schedule A and	ewhere on r	eturn	2	22a		22b	1,004,852.
23	Depletion	5 · M	ΙΑΥ. 1 3 . 2020 တွဲ						23	
24	Contributions to	eferred	compensation plans	1		• • • • • • • •			24	
25			GDEN, UT.							
26			Schedule I)							
27			chedule J)							5,230.
28			schedule)						28 28 29	1,163,185.
29 30			s 14 through 28 le income before ne					-	_	-4,807,792.
30	טווו בומנכט שעאווופ	uaxdl) دد،	no moonie belole lie	. operaning	1033	accucion Subi	Lact IIIIC	TO HOW MILE	. ∪ <u></u>	_, ,

32 Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions.

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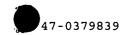
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

31

<u>31</u>

-4,807,792 Form **990-T** (2018)





Form	990-T (2018)			Page	2
Pai	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1			
	ınstructions),	33			
34	Amounts paid for disallowed fringes	34			_
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				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,000) <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	38		0	<u>.</u>
Pai	rt IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
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)				
41	Proxy tax. See instructions	1 1			_
42	Alternative minimum tax (trusts only).	42			
43	Tax on Noncompliant Facility Income. See Instructions	-			_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			_
	t V Tax and Payments	т т			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	4			
	Other credits (see instructions)	4			
	General business credit Attach Form 3800 (see instructions)	- 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-			
	Total credits. Add lines 45a through 45d	45e			_
46	Subtract line 45e from line 44	46			_
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				<u>.</u>
48	Total tax. Add lines 46 and 47 (see instructions)				<u></u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	45			_
	Payments A 2017 overpayment credited to 2018	┤			
	2018 estimated tax payments	┤			
	Foreign organizations Tax paid or withheld at source (see instructions)	1			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1			
'n	Other credits, adjustments, and payments Form 2439	1			
9	☐ 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 Refunded Refunded	55			
Pai	rt VI Statements Regarding Certain Activities and Other Information (see instruction	ıs)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes No	>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	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	ign trust	2	X	
	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 ▶ \$3,113.				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the titue, odirect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my	y knowledge ar	nd belief, it	15
Sig	n	av the I	RS discuss	this return	<u>_</u>
Her		th the	preparer sho	wn below	
		e instructio	ons)? X Yes	No.)
Da:-	Print/Type preparer's name Preparer's signature Chec	:k L lf	PTIN		
Paid	DONALD NEAL JR (Sheet Red) 4/27/20 self-c	employed	P0079		_
	Firm's name REPIG LIDE		13-5565		_
	Firm's address ▶ 1212 N 96TH ST, STE 300, OMAHA, NE 68114 Phon	_{e no} 40	2-348-1	450	_

Form **990-T** (2018)

47-0379839 UNIVERSITY OF NEBRASKA FOUNDATION

Form 990-T (2018)					Page 3	
Schedule A - Cost of Goods Sold. Er	iter method	of inventory valuation				
1 Inventory at beginning of year . 1		6 Inventory	at end of ye	ar	6	
2 Purchases 2		7 Cost of	goods so	old. Subtract line		
3 Cost of labor		6 from	line 5 Er	nter here and in	_	
4 a Additional section 263A costs		Part I, lin	e 2		7	
(attach schedule) 4a		8 Do the	rules of	section 263A (v	vith respect to Yes No	
b Other costs (attach schedule) . 4b		property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through 4b . 5		to the or	ganization? .	<u></u>	<u></u> А\и	
Schedule C - Rent Income (From Real P	roperty ar	nd Personal Property	y Leased V	With Real Prope	rty)	
(see instructions)						
Description of property						
(1)				· 		
(2)						
(3)						
(4)					<u> </u>	
2. Rent recei	ved or accrue	ed				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	rom real and personal propert age of rent for personal proper If the rent is based on profit o	al property exceeds in columns 2(a) and 2(b) (attach schedule)				
(1)						
(2)						
(3)						
(4)						
Total	Total			/L\ T - 4 - 1 - 1		
(c) Total income. Add totals of columns 2(a) and 2(here and on page 1, Part I, line 6, column (A)	, ,			Enter here and or Part I, line 6, colur	n page 1,	
Schedule E - Unrelated Debt-Financed I	ncome (se	e instructions)				
Description of debt-financed property	1	Gross income from or allocable to debt-financed		debt-financ	nnected with or allocable to sed property	
		property		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
(1)				_		
(2)						
(3)						
(4)						
4. Amount of average 5. Average adjustion debt on or 6 of or alloca allocable to debt-financed property (attach schedule) (attach schedule)	ble to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%	<u>, </u>			
(2)		%	5			
(3)		%	,			
(4)		%				
	٦			re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals	olumn 8				Form 990-T (2018)	

Schedule F-Interest, Ann	uities, Royalties	s, and F	Rents F	rom Contro	lled Or	ganiza	ations (see	e instruction	ons)	
		E	xempt	Controlled Or	ganızatı	ons				
Name of controlled organization	2. Employer identification numb	per		related income ee instructions)	1	of specifi ents made	ed included	ì		6. Deductions directly connected with income in column 5
(1)									-	
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific payments made		incli	Part of column uded in the co nization's gros	ontrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)									<u> </u>	
Totals		 ction 50	 01(c)(7	'), (9), or (17	▶) Orga	Ente Par	d columns 5 ar here and on t I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 tler here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount of	fincome		3 Deduc directly cor (attach sch	nected			et-asides schedule)	_	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)				,						
(3)										
(4)				,						
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)		Than Advert	ising Ir	come	(see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	dıı conne produ unr	xpenses rectly acted with action of related ss income	If a gain, co	ed trade (column umn 3) ompute	from is no	oss income activity that t unrelated ess income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 						
(2)		***			.			-		
(3)					-, -	ļ				
(4)		·								
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and or 1, Part I,), col (B)	n				I		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	l l	untions\		•						
			. Cana	alidated Dec						
Part I Income From Per	logicals Report	ea on a	Cons	olidated Bas	515			Ι—		
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Adverting gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	ı	5. Circulation income 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							-			
(2)		_								7 :
(3)										
(4)										<u></u>
Totals (carry to Part II, line (5))		_								Form 990-T (2018)

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.)

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 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)		%	
1)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name of organization

UNIVERSITY OF NEBRASKA FOUNDATION

Employer identification number 47 - 0379839

Unrelated business activity code (see instructions) ▶ 51

Describe the unrelated trade or business ▶ UNIVERSITY MAGAZINE

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales					
b	Less returns and allowances c Bala	ance ▶ 1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479	7) 4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (at	tach			_	
	statement)	1 1				
6	Rent income (Schedule C)	6	[
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				,	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J) ATCH		18,613.	4,009.	14,604.	
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12		18,613.	4,009.	14,604.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		14,604.
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		14,604.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	31	•
32	Unrelated business taxable income Subtract line 31 from line 30		

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018