	EXTENDED TO				1	014714 4545 4447
Form 990-T	Exempt Organization Bu			ax Return	·	OMB No 1545-0687
(วัตว์)	(and proxy tax un			20 2010		2018
7.00	For calendar year 2018 or other tax year beginning JUL 1 2		, and ending <u>JUN</u>		-	2010
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T for ► Do not enter SSN numbers on this form as it may				0	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if			and see instructions.)		D Employ	yer identification number
address changed	Name of organization (officer box if finance	onangoa	and see mon denons.		(Emplo	yees' trust, see tions)
B 'Exempt under section	Print IMMANUEL				47-	-0733774
x 501(c)(3)	or Number, street, and room or suite no. If a P.O. b	ox, see ins	structions.		E Unrelat	ed business activity code structions)
408(e) 220(e)	Type 1044 N. 115TH STREET NO. 500	•	_		(366 111	, a dollorio y
408A 530(a)	City or town, state or province, country, and ZIP	or foreign	postal code			
529(a)	OMAHA NE 68154				523000	0
C Book value of all assets at end of year	F Group exemption number (See instructions.)					
577,441	238. G Check organization type 🕨 🗶 501(c) co	rporation	501(c) trust	401(a)	trust	Other trust
${\bf H}$ Enter the number of the	organization's unrelated trades or businesses. 🕨	1	Describe t	he only (or first) uni	elated	
	INVESTMENT IN LIMITED PARTNERSHIP			complete Parts I-V.		
describe the first in the b	lank space at the end of the previous sentence, complete l	Parts I and	III, complete a Schedule	M for each addition	al trade	or
business, then complete	· 					
	the corporation a subsidiary in an affiliated group or a par	ent-subsid	liary controlled group?	▶ 1	Yes	; Lx⊥ No
	and identifying number of the parent corporation.		Talanha	no number		
Part I Unrelate	KELLE SCOTT CONTROLLER d Trade or Business Income	1	(A) Income	ne number 🕨 (¿		(C) Net
1a Gross receipts or sale		\top	(A) modific	(b) Expendes	\rightarrow	
		1c				
b Less returns and allo2 Cost of goods sold (\$\frac{1}{2}\$		2				
3 Gross profit. Subtrac		3				
•	ne (attach Schedule D)	4a				
• •	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio		4c				
5 Income (loss) from a	partnership or an S corporation (attach statement)	5	200,699.	STMT 1		200,699.
6 Rent income (Schedu	ıle C)	6				
7 Unrelated debt-finance	ced income (Schedule E)	7				
8 Interest, annuities, ro	yalties, and rents from a controlled organization (Schedule F	8			\rightarrow	
Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule (G) 9			\longrightarrow	
105 Exploited exempt act	ivity income (Schedule I)	10			\rightarrow	
Advertising income (•	11			\longrightarrow	·
Calabian Cal	structions; attach schedule)	12			\rightarrow	
131 Total. Combine lines		13	200 699			200,699,
	ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connect	ed with the	he unrelated business	income)		
	ficers, directors, and trustees (Schedule K)				14	
Salaries and wages		~ .			15	
Repairs and mainter	0519	20			16	
Bad debts					17	
N3	edule) (see instructions)				18	
19 Taxes and licenses	(655 men 6516)				19	48,092,
	ions (See instructions for limitation rules) SEE STATE	мелт 3	SEE STATEMENT	2	20	_15,161,
21 Depreciation (attach		•	21			
22 Less depreciation cl	aimed on Schedule A and elsewhere on return	.′	22a		22b	
23 Depletion					23	
24 Contributions to def	erred compensation plans				24	
25 Employee benefit pr	ograms				25	
26 Excess exempt expe					26	
27 Excess readership of	•				27	
28 Other deductions (a	•			~0	28	
	dd lines 14 through 28		(28	29	63 253
	taxable income before net operating loss deduction. Subtr				30	
· · · · · · · · · · · · · · · · · · ·	perating loss arising in tax years beginning on or after Janu	uary 1, 201	18 (see instructions)	21	31	40- 46-
32 Unrelated business	taxable income. Subtract line 31 from line 30				<u> </u>	137 446

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

FOITH 990-	1 (2016)	IMMANUEL		4/-0/33/	/4			
Part I	'II 📗 1	otal Unrelated Business Taxable Income						
83		of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructio	ns)	33		137.	446
			0 111011 40110	,	34		,	
34		ints paid for disallowed fringes						
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instru			35			
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of					
	lines	33 and 34			36		137	446.
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	317		1	000.
		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	26	-				
38			oo,	39	1 1 1			
		the smaller of zero or line 36			38		136	446
Part I		Fax Computation						
39	Orgai	nizations Taxable as Corporations Multiply line 38 by 21% (0.21)		>	4 c3b		28,	654.
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 fr	rom:				
		Tax rate schedule or Schedule D (Form 1041)		•	40			
		·						
41	-	tax See instructions			41	 -		
42	Alterr	native minimum tax (trusts only)			42			
43	Taxo	n Noncompliant Facility Income See Instructions			43			
44	Total	. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		45	144		28	654.
Part \		Tax and Payments			•		·	
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a				-	
_					⊣			
b		credits (see instructions)	45b		-			
C	Gene	ral business credit. Attach Form 3800	45c	_	_			
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)	45d		_			
е	Total	credits. Add lines 45a through 45d			45e			
46		act line 45e from line 44			46		28	654.
		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	e	ther (attach schedule)	47			003.
47			00 [] 00		. —			
48		tax Add lines 46 and 47 (see instructions)		40			28	654.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ام ا		49			0.
50 a	Paym	ents: A 2017 overpayment credited to 2018	.50a	89.012				
b	2018	estimated tax payments	50ь					
		eposited with Form 8868	50c	• • • • • • • • • • • • • • • • • • • •	7			
			50d					
		on organizations: Tax paid or withheld at source (see instructions)			-			
е		up withholding (see instructions)	50e		-			
f	Credi	t for small employer health insurance <u>prem</u> iums (attach Form 8941)	50f		⊣ ∣			
9	Other	credits, adjustments, and payments: Form 2439						
		Form 4136 ☐ Other Total ▶	50g					
51	Total	payments. Add lines 50a through 50g			51		89	012.
52		ated tax penalty (see instructions). Check if Form 2220 is attached			52		,	
		, , , ,		_	1			
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53			
54		payment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì	•	555		60,	358.
55		the amount of line 54 you want: Credited to 2019 estimated tax		Refunded .	<u> 5655 </u>		60	358.
Part \	/ {	Statements Regarding Certain Activities and Other Information	on (see in:	structions)				
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature	or other aut	thority			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the						
			ioreign cou	iiiu y				
	here	· · · · · · · · · · · · · · · · · · ·			·		\dashv	<u> X</u>
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to,	a foreign trust?				Х
	If "Ye	s," 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 > \$						
	Ur	der penalties of perjury. I declare that I have examined this return, including accompanying schedules and s	tatements, ar	nd to the best of my kn	owledge an	d belief, it is t	rue,	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any kn	owledge				
Here		State Bare Selection			May the IRS	discuss this	return v	vith
i ici c		CHIEF FINAN	NCIAL OF			shown below		ግ
		Signature of officer Date Title		- 4	nstructions)	7 X Yes		No
		Print/Type preparer's name Preparer's signature Dat	e	Check	ıf PTIN	-		
D-:-1		\(\lambda \lambd	1 .	self- employed	.			
Paid			5/13h	0		1523804		
Prepa		WENDY R, COOLEY		Firm's CIN .				
Use C	nly	Firm's name ► SEIM JOHNSON, LLP		Firm's EtN ▶	47	<u>-6097913</u>		
		18081 BURT STREET, SUITE 200						
		Firm's address ► OMAHA NE 68022-4722		Phone no.	(402)33	0-2660		
						_ ^^	~ T	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6_	
2 Purchases	2	·	7	Cost of goods sold St	ubtract I	ine 6		
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a				
5 Total. Add lines 1 through 4b	5			the organization?	•	, , , ,		224 1443 4447 2
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pei	sonal Property	Lease	ed With Real Pro	pert	y)
1. Description of property								
(1)								
(2)	· 				_			
(3)					_	····		
(4)	· · - · ,				_			
	2 Rent receiv	ed or accrued]		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directl columns 2(a) a		cted with the income in attach schedule)
(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)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
				Gross income from		Deductions directly control to debt-finant		
1. Description of debt-fil	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)		<u> </u>						<u>-</u>
(2)								
(3)		<u> </u>	<u> </u>					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				'''
(4)				%	_			
			•			nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				▶			0.	
Total dividends-received deductions in	cluded in column	8				•	•	0.

1		ł		Exempt	Controlled Or	ganızatıc	ons	_		
Name of controlled organization -		ion	2. Employer identification number	3 Net uni (loss) (see	related income e instructions)	4. Tota paym	of specified ents 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)										
(3)										
(4)										<u></u>
Vonexe	mpt Controlled Organia	zations					,			
7	Taxable income		ed income (loss) tructions)	9 Total	of specified paym made	ients		nn 9 that is inclu ng organization's income		Deductions directly connected the income in column 10
(1)										
(2)										
(3)										
(4)										
Totals							Enter here and	ns 5 and 10 on page 1, Part I olumn (A)	ſ	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
	lule G - Investme		of a Section	on 501(c)(7), (9), or (17) Org	ganization	1	<u> </u>	
	(see instr	uctions)			1					
	1. Descr	ription of income			2 Amount of	ncome	3 Deduction directly connected (attach sched)	cted 4	Set-asides ach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							_			
(2)										
(3)										_
(4)					Enter here and o					Enter here and on page
otals_				_ ▶	Part I, line 9, coli	umn (A)				Part i, line 9, column (E
Sched	lule I - Exploited I (see instru	-	tivity Incor	me, Othe	r Than Adv	ertisir/	ng Income			
	1. Description of exploited activity	2 Gross unrelated busin income from trade or busine	ess directly with p	Expenses y connected production unrelated ess income	4. Net income from unrelated business (column gain, compute through in the second seco	trade or umn 2 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	nat att	Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
		Enter here and page 1, Part I line 10, col (A	, page	here and on e 1, Part I, I0, col (B)						Enter here and on page 1, Part II, line 26
otals			0.	0.						
	lule J - Advertisir									
Part I	Income From F	Periodicals	Reported	on a Con	solidated	Basis				
	1 Name of periodical	adve	Gross rtising ome ad	3. Direct divertising costs	4 Advertis or (loss) (col col 3) If a gai cols 5 thr	2 minus n, compute	5. Circulati income		Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
				-75-4/						
(1)			+-							٦
							L			
(2)							ļ			1
(1) (2) (3) (4)										
(2) (3)										-

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Form 990-7 (2018) IMMANUEL

_			
⊦orm	990-F	(2018)	TMMANUET.

47-0733774

Page 5

		41-0133114
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical liste	d in Part II, fill in
•-	columns 2 through 7 on a line-by-line basis)	

_ 1 Nam	ne 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)		-		*				1
(3)				=				
(4)			1-					
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 (line	s 1-5)	_▶	0.	0.				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 (2018)

FORM '990-T INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT	1
-		NET INCOM	Ξ
DESCRIPTION		OR (LOSS	
PALMER SQUARE MULTI-STRATEGY BUSINESS INCOME (LOSS) COREALPHA PRIVATE EQUITY PART	FUND, L.P ORDINARY NERS CO-INVESTMENT FUND V, LP	174,	724.
- ORDINARY BUSINE		25,	975.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	200,	 699.
EODM 990-T	CONTRIBUTIONS	STATEMENT	
FORM 990-T	CONTRIBUTIONS	STATEMENT	2
FORM 990-T DESCRIPTION/KIND OF PROPERTY	CONTRIBUTIONS METHOD USED TO DETERMINE FMV	STATEMENT	
<u></u>	METHOD USED TO DETERMINE FMV	AMOUNT 9,	2
DESCRIPTION/KIND OF PROPERTY OMAHA AGAINST HUNGER TABITHA	METHOD USED TO DETERMINE FMV N/A N/A	AMOUNT 9, 7,	330.
DESCRIPTION/KIND OF PROPERTY OMAHA AGAINST HUNGER TABITHA LUTHERAN FAMILY SERVICES	METHOD USED TO DETERMINE FMV N/A N/A N/A	AMOUNT 9, 7, 11,	330. 000.
DESCRIPTION/KIND OF PROPERTY OMAHA AGAINST HUNGER TABITHA LUTHERAN FAMILY SERVICES CHI HEALTH	METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A	9, 7, 11, 104;	330. 000. 000. 981.
DESCRIPTION/KIND OF PROPERTY OMAHA AGAINST HUNGER TABITHA LUTHERAN FAMILY SERVICES CHI HEALTH DREAMWEAVER FOUNDATION	METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A N/A	9, 7, 11, 104;	330. 000.
DESCRIPTION/KIND OF PROPERTY OMAHA AGAINST HUNGER TABITHA LUTHERAN FAMILY SERVICES CHI HEALTH	METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A	9, 7, 11, 104,	330. 000. 981.

FORM · 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	158,811		
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	158,811 15,161		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	143,650 0 143,650		
	CONTRIBUTIONS DEDUCTION		15,3	16:
TOTAL CONT	RIBUTION DEDUCTION		15,	16: