29393205041051 EXTENDED TO MAY 17, 2021 **Exempt Organization Business Income Tax Return** Form 990aT (and proxy tax under section 6033(e)) calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30 ► Go to www.irs.gov/Form990T for instructions and the latest information Department of the Tri Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Name of organization (Check box if name changed and see instructions.) Check box if (Employees' trust, see instructions) address changed B Exempt under section **Print** IMMANUEL 47-0733774 Unrelated business activity code x 501(c ()(3 01 Number, street, and room or suite no. If a P.O box, see instructions. (See instructions.) Type 408(e) 1220(e) 1044 N. 115TH ST. NO. 500 City or town, state or province, country, and ZIP or foreign postal code 408A _530(a) 529(a) 523000 OMAHA, NE 68154 F Group exemption number (See instructions.) Book value of all assets Other trust 501(c) trust 401(a) trust G Check organization type ► x 501(c) corporation Describe the only (or first) unrelated H Enter the number of the organization's unrelated trades or businesses. trade or business here INVESTMENT IN LIMITED PARTNERSHIP . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. x No Yes During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of KELLE SCOTT CONTROLLER Telephone number ► (402) Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 STMT 1 479.595 5 479 595 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 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 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12 479 595 479 595 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Deductions must be directly connected with the unrelated business income) 14 14 Compensation of officers, directors, and trustees (Schedule K) 5103 15 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 8 426 Depreciation (attach Form 4562) 21a 21h Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) № 26 Other deductions (attach schedule) 27 27 Total deductions. Add lines 14 through 27 28 8 426 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 471,169. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 30 (see instructions) 30 31 Unrelated business taxable income. Subtract line 30 from line 29 471,169 Form **990-T** (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

orm 990	D-T (2011	MMANUEL	<u>47-07337</u> 74		Page 2
Part)rí	Total Unrelated Business Taxable Income			
32 •	Total c	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	471.	169.
33	`Amou	nts paid for disallowed fringes	33		
34	Charita	able contributions (see instructions for limitation rules) $$	3,4	47.	017.
35	Totalı	inrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	424	152.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	·	
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	424	152.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions) Q	38	•	000.
39	•	ated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			
<i>.</i> .		he smaller of zero or line 37	39	423	152.
Part		Tax Computation ,	1		
	_	izations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	8.8	862.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			<u> </u>
41	$\overline{}$	Fax rate schedule or Schedule D (Form 1041)	41		
40		tax See instructions	12	•	
42	-	ative minimum tax (trusts only)	43		
43		· · · · · · · · · · · · · · · · · · ·	43		
	_	n Noncompliant Facility Income See Instructions	45		0.60
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	1 45 1	88,	862.
Part			 		
	-	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	-		
b		credits (see instructions)	-		
C		al business credit. Attach Form 3800	-		
		for prior year minimum tax (attach Form 8801 or 8827)	1		
е		credits Add lines 46a through 46d	46		
47		act line 46e from line 45	47	88.	862.
48		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		tax Add lines 47 and 48 (see instructions)	49	88,	862.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
	-	ents: A 2018 overpayment credited to 2019			
		estimated tax payments	4		
C	Tax de	posited with Form 8868 4 90,000,	4		
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)	4		
		p withholding (see instructions)	4		
f	Credit	for small employer health insurance premiums (attach Form 8941)	4		
9		credits, adjustments, and payments. Form 2439			
	F	Form 4136 Other Total ▶ 51g	4		
52	Total	payments. Add lines 51a through 51g		90,	000.
53	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	53		891.
54	Tax di	ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overp	ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		247.
56		the amount of line 55 you want: Credited to 2020 estimated tax	56		247.
Part	: VI	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any	time during the 2019 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 may have to file			
	FinCEI	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	>			_x
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If "Yes	," see instructions for other forms the organization may have to file.			
59		the amount of tax-exempt interest received or accrued during the tax year > \$			
	Ţ	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it is	true,	
Sign	ľ	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	and the IDC described this		.uth
Here	· 1		lay the IRS discuss this ie preparer shown belov		with
			structions)? X Ye		No
		Print/Type preparer's name Preparer's signature Date Check	f PTIN		
ь.		self- employed	ľ		
Paic		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	P01523804		
•	oarer	Furnio FIAI	47-609791		
Use	Only				
		18081 BURT STREET, SUITE 200 Firm's address ► OMAHA NE 68022-4722 Phone no. (402)330-2660		
023711	01-27-2		Form 9 9	90-T	2019

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	6 Inventory at end of year					
2 Purchases	2		7	Cost of goods sold. Su	ıbtract (ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	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	•	•			
5 Total. Add lines 1 through 4b	5			the organization?		, ,			
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Pro	perl	(v)	
(see instructions)	<u> </u>								
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		ons directly connected with the income in mns 2(a) and 2(b) (attach schedule)		
(1)									
(2)			-						
(3)									
(4)									
Total	0	Total			0.				
(c) Total income Add totals of columns	 _	ter				(b) Total deductions			
here and on page 1, Part I, line 6, column		.o.			0.	Enter here and on page 1, Part I, line 6, column (B)		0.	
Schedule E - Unrelated Del		Income (see	ınstru	ctions)	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			
		· · · · · · · · · · · · · · · · · · ·		. Gross income from		3 Deductions directly co to debt-finan			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)							-		
(3)								·	
(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 ischedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, lart I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				▶			0.	0.	
Total dividends-received deductions in	cluded in column	.8					<u> </u>	0	
								Form 990-T (2019)	

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		Exempt		-					
ion	2. Employer identification number	3 Net un (loss) (see	Net unrelated income oss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		ling į	6 Deductions directly connected with income in column 5
									
								_	
						<u> </u>		l	
zations									
		9. Total	of specified payr made	nents	in the controll	ing organi:	is included zation's		uctions directly connected income in column 10
	_								
				•	Enter here and	on page	1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
	e of a Sect	tion 501(c)((7), (9), or	(17) Or	ganizatior	1	V.I.		
)		2 Amount of	income	directly conne	ected			5. Total deductions and set-asides (col 3 plus col 4)
		······			·				
	_								
	-					ĺ			
						İ	<u>.</u>		
					-				Enter here and on page Part I, line 9, column (B)
	activity Inc	ome, Othe	r Than Ad	vertisi	ng Income	•			
2. Gro- unrelated bu income fi	ss siness rom	ectly connected ith production of unrelated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a e cols 5	from activity is not unrela	that ted	attributab	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
		_							
page 1, P	anti, p	age 1, Part I,					•		Enter here and on page 1, Part II, line 25
line 10, co	, .								
na Incom			<u> </u>					-	
			solidated	Basis					· · · · · · · · · · · · · · · · · · ·
	dvertising	3 Direct advertising costs	or (loss) (co	ol 2 minus iin, compute			6. Readers	hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
								=	
			_			<u></u>			
	-						-		
		<u>-</u>	-			1		-	
	Exempt Auctions) 2. Grountelated busincome frade or busincome frade o	zations 8 Net unrelated income (loss (see instructions) Exempt Activity Incurtions) 2. Gross unrelated business income from trade or business business income from trade or business Enter here and on page 1, Part I, line 10, col (A) Incure Income (see instructions)	zations 8 Net unrelated income (loss) (see instructions) 9. Total proper department of income Exempt Activity Income, Other income from trade or business income from trade or business income trade or business income Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (A) Income (see instructions) Periodicals Reported on a Cor	2. Employer identification number 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 8. Net unrelated income (loss) (see instructions) 9. Total of specified payr made 2. Gross unrelated business income from trade or business 2. Gross unrelated business income from trade or business 2. Gross unrelated business income from trade or business 2. Gross unrelated business income from trade or business (or unrelated business (compute through throug	2. Employer Identification number 2. Employer Identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 2. Enter here and on page 1, Part 1, line 9, column (labusiness income from trade or business income from trade or business 2. Gross unrelated business income from trade or business 2. Gross urrelated business income from trade or business 2. Gross urrelated business income from trade or business 2. Gross urrelated business income from trade or business income from trade or business 2. Gross unrelated business income from trade or business 3. Expenses directly connected business income from trade or business 4. Net income (loss) from unrelated business income from trade or business income from trade or business income from trade or business 3. Expenses directly connected gain, compute cold 5 from unrelated business income from trade or business from the page 1, Part 1, line 10, col (R) 2. Gross advertising 3. Direct advertising gain or (loss) (col 2 minus or (loss) (connected or (loss) (col 2 minus or (loss) (col 2 minus or (loss) (connected or (loss) (col 2 minus or	rations 8 Net unrelated income (loss) (see instructions) 9, Total of specified payments made and columnate in the control gross Interpretation of income of a Section 501(c)(7), (9), or (17) Organization unctions) replication of income 2 Amount of income 2 Amount of income 2 Amount of income 2 Amount of income 3. Deduction directly control (attach schee) Enter here and on page 1, Part 1, line 9, column (A) Exempt Activity Income, Other Than Advertising Income (citions) 2. Gross unrelated business directly connected with production of unrelated business income from unrelated trade or busi	2. Employer dentification number 2. Employer dentification number 3. Net unrelated income (loss) (see instructions) 3. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that in the controlling organization (see instructions) Add columns 5 and Enter here and on page line 8, column (A) protions 2. Amount of income 2. Amount of income 2. Amount of income 2. Gross unrelated business unrelated business income 2. Gross unrelated business urade or business income 2. Gross unrelated business income 4. Net income (loss) business (column (A) 4. Net income (loss) business (column (A) 5. Gross income from activity that business income 2. Gross (and provided trade or business income) 4. Net income (loss) business (column (A) 5. Gross income from activity that business income 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 1. Inter there and on page 1, Part 1, Inter 10, cot (B) 2. Gross and the there are and on page 1, Part 1, Inter 10, cot (B) 2. Gross and the there are and on page 1, Part 1, Inter 10, cot (B) 2. Gross and the there are and on page 1, Part 1, Inter 10, cot (B) 3. Dectuctions 4. Advertising gain compute 5. Circulation income	2. Employer redemination (pass) (see instructions) 3. Net unrelated income (pass) (see instructions) 4. Total of specified payments made 5. Fart of column the control regardation's gross income (pass) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (see instructions) 4. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (see instructions) 4. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 2. Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (A) 0. Interpretation Part P	2 Service (Column & Section Service) 3 Net unrelated monome (loss) (see instructions) 4 Total of specified payments made Included in the controlling organization's gross income

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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.)

Columnia	3 Z unougn / C	in a line by line basis	•,				
1 Name o	f 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)				<u> </u>			
(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 26
Totals, Part II (lines 1	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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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FORM 990-T INC	OME (LOSS) FROM PARTNERSHIPS	STATEMENT
•		NET INCOME
DESCRIPTION		OR (LOSS)
PALMER SQUARE MULTI-STRATEG	Y FUND, L.P ORDINARY	
BUSINESS INCOME (LOSS)		465,083
- ORDINARY BUSINE	RTNERS CO-INVESTMENT FUND V, LP	14,514
		· · · · · ·
TOTAL INCLUDED ON FORM 990-	T, PAGE 1, LINE 5	479,59
FORM 990-T	CONTRIBUTIONS	STATEMENT
FORM 990-T DESCRIPTION/KIND OF PROPERT		STATEMENT
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA	Y METHOD USED TO DETERMINE FMV N/A N/A	AMOUNT 11,100 10,000
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA LUTHERAN SERVICES IN AMERIC	Y METHOD USED TO DETERMINE FMV N/A N/A N/A	AMOUNT 11,100 10,000 6,000
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA LUTHERAN SERVICES IN AMERIC CHI HEALTH	METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A	AMOUNT 11,100 10,000
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA LUTHERAN SERVICES IN AMERIC CHI HEALTH NEBRASKA LUTHERAN OUTDOOR	Y METHOD USED TO DETERMINE FMV N/A N/A N/A	AMOUNT 11,100 10,000 6,000 101,619
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA LUTHERAN SERVICES IN AMERIC CHI HEALTH NEBRASKA LUTHERAN OUTDOOR MINISTRIES	Y METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A N/A	AMOUNT 11,100 10,000 6,000
DESCRIPTION/KIND OF PROPERT OMAHA AGAINST HUNGER TABITHA LUTHERAN SERVICES IN AMERIC CHI HEALTH	METHOD USED TO DETERMINE FMV N/A N/A N/A N/A N/A	AMOUNT 11,100 10,000 6,000 101,619

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	3
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 143,650		
TOTAL CAR	RYOVER 143,650 RENT YEAR 10% CONTRIBUTIONS 151,719		
	TRIBUTIONS AVAILABLE 295,369 NCOME LIMITATION AS ADJUSTED 47,017		
EXCESS 10	NTRIBUTIONS 248,352 0% CONTRIBUTIONS 0 ESS CONTRIBUTIONS 248,352		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	47,0	017
TOTAL CON	TRIBUTION DEDUCTION	47,0	017