

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2017 or other tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018****2017**Department of the Treasury
Internal Revenue ServiceGo 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 OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions)**47-0377991**

B Exempt under section

Print
or
Type☒ 501(c)(3)**Doane University**

Number, street, and room or suite no. If a P.O. box, see instructions.

1014 Boswell Avenue

City or town, state or province, country, and ZIP or foreign postal code

Crete, NE 68333E Unrelated business activity codes
(See instructions)**451211 721000**C Book value of all assets
at end of year**193,411,486.**

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity. **BOOKSTORE, ATHLETIC CAMPS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☐ Yes ☒ No

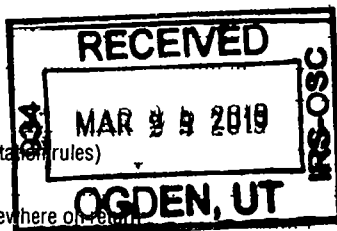
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JULIE SCHMIDT**Telephone number **402-826-2161****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 63,139.			
b Less returns and allowances			
c Balance	1c 63,139.		
2 Cost of goods sold (Schedule A, line 7)	2 41,410.		
3 Gross profit. Subtract line 2 from line 1c	3 21,729.		21,729.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 130,078.		130,078.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. 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)	11		
12 Other income (See instructions; attach schedule) Statement 1	12 17,211.		17,211.
13 Total. Combine lines 3 through 12	13 169,018.		169,018.

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 22,721.	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18 861.	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitations on rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28 4,511.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29 28,093.	
31 Net operating loss deduction (limited to the amount on line 30)	30 140,925.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32 140,925.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33 1,000.	
	34 139,925.	



See Statement 2

See Statement 3

SCANNED MAY 08 2019

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

See Statement 6

35c 33,637.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 33,637.

Part IV Tax and Payments**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 33,637.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 33,637.

45a Payments: A 2016 overpayment credited to 2017

45a 6,283.

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:☐ Form 2439☐ Form 4136 ☒ Other 26,813.

Total 45g 26,813.

46 Total payments. Add lines 45a through 45g

See Statement 5

46 33,096.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 541.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded

50

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 here

Yes No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Julie Schmidt

13/18/19

VP OF FINANCE & ADMINISTRATION

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

KERRY GUSTAFSSON

Kerry Gustafsson

3/13/19

P00735722

Firm's name DANA F COLE & COMPANY, LLP

Firm's EIN 47-0526649

1248 O STREET, SUITE 500

Firm's address LINCOLN, NE 68508

Phone no. (402) 479 9300

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **► Lower of Cost or Market**

1	Inventory at beginning of year	1	32,844.	6	Inventory at end of year	6	31,093.
2	Purchases	2	39,659.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	41,410.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	72,503.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with 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)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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)					

Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business 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)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0.	0.			0.

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)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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.

Form 990-T	Other Income	Statement	1
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Description	Amount
GROSS INCOME	62,848.
LESS: DIRECT OPERATING EXPENSES	-47,436.
DISALLOWED FRINGE BENEFITS	1,799.
Total to Form 990-T, Page 1, line 12	17,211.

Form 990-T	Interest Paid	Statement	2
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Description	Amount
INTEREST	861.
Total to Form 990-T, Page 1, line 18	861.

Form 990-T	Other Deductions	Statement	3
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Description	Amount
OFFICE AND GENERAL EXPENSE	662.
MISCELLANEOUS	933.
CREDIT CARD FEES	850.
RENT	1,033.
ADMINISTRATIVE OVERHEAD	1,033.
Total to Form 990-T, Page 1, line 28	4,511.

Form 990-T	Income (Loss) from Partnerships	Statement	4
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Partnership Name	Gross Income	Deductions	Net Income or (Loss)
PARTNERS FOR GROWTH V, LP 84-1474978	7,685.	0.	7,685.
APEX HEDGE FUND LLP 84-1478978	123,153.	0.	123,153.
ASCENT SMALL CAP HEDGE FUND, LLLP 75-3029384	-1,722.	0.	-1,722.
BEARING VENTURE FUND VI, LLLP 20-4500276	-3.	0.	-3.
HIGH YIELD OPPORTUNITY FUND II, LLLP 80-0174296	152.	0.	152.

CUPOLA FINANCIAL FUND 1, LLLP

80-0174296

814.

0.

814.

CUPOLA VENTURE OPPORTUNITES FUND 1,

LLLP 81-1875897

-1.

0.

-1.

Total to Form 990-T, Page 1, line 5

130,078.

0.

130,078.

Form 990-T

Other Credits and Payments

Statement 5

Description

Amount

PAID WITH ORIGINAL RETURN

26,813.

Total included on Form 990-T, Page 2, Part IV, line 45g

26,813.

Form 990-T	Line 35c Tax Computation	Statement	6
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1.	Taxable Income	139,925	
2.	Lesser of Line 1 or First Bracket Amount . .	50,000	
3.	Line 1 Less Line 2	89,925	
4.	Lesser of Line 3 or Second Bracket Amount . .	25,000	
5.	Line 3 Less Line 4	64,925	
6.	Income Subject to 34% Tax Rate	64,925	
7.	Income Subject to 35% Tax Rate	0	
8.	15 Percent of Line 2	7,500	
9.	25 Percent of Line 4	6,250	
10.	34 Percent of Line 6	22,075	
11.	35 Percent of Line 7	0	
12.	Additional 5% Surtax	1,996	
13.	Additional 3% Surtax	0	
14.	Total Income Tax		37,821
15.	Tax at 21% Rate effective after 12/31/2017	29,384	
	Days		
16.	Tax Prorated for Number of Days in 2017 184	19,066	
17.	Tax Prorated for Number of Days in 2018 181	14,571	
18.	Total Tax Prorated 365		33,637

Doane University
#47-0377991
Form 990-T
June 30, 2018

The Form 990-T is being amended for the year ended June 30, 2018 to report unrelated business taxable income for disallowed fringe benefits from parking pursuant to IRC Code section 50129a)(7) on Form 990-T Line 12.