

Amended Return - Section 512(a)(7) Repeal



1800

OMB No 1545-0687

2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

AMENDED RETURN For calendar year 2017 or other tax year beginning 7/01, 2017, and ending 6/30, 2018

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.

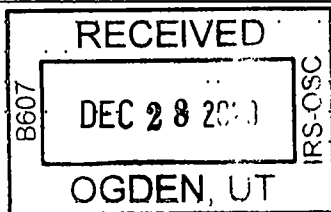
Form sections A, B, C, D, E, F, G. Includes fields for address, exemption number, and organization type.

Form sections H, I, J. Includes fields for business activity and books in care of.

Form sections K, L, M. Includes fields for unrelated trade or business income and deductions.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and an unlabeled column. Rows 1a-13.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and an unlabeled column. Rows 14-34.



No Statute Issue 0436525669 JAN 29 2021

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13

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ _____ (2) \$ _____ (3) \$ _____			
<b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____			
(2) Additional 3% tax (not more than \$100,000) \$ _____			
<b>c</b> Income tax on the amount on line 34		35c	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
<b>37 Proxy tax.</b> See instructions		37	
<b>38 Alternative minimum tax</b>		38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.

**Part IV Tax and Payments**

<b>41 a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		41 a	
<b>b</b> Other credits (see instructions)		41 b	
<b>c</b> General business credit. Attach Form 3800 (see instructions)		41 c	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)		41 d	
<b>e Total credits.</b> Add lines 41a through 41d		41 e	0.
<b>42</b> Subtract line 41e from line 40		42	0.
<b>43 Other taxes.</b> Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
<b>44 Total tax.</b> Add lines 42 and 43		44	0.
<b>45 a</b> Payments. A 2016 overpayment credited to 2017		45 a	
<b>b</b> 2017 estimated tax payments		45 b	
<b>c</b> Tax deposited with Form 8868		45 c	** 6,964.
<b>d</b> Foreign organizations. Tax paid or withheld at source (see instructions)		45 d	
<b>e</b> Backup withholding (see instructions)		45 e	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)		45 f	
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total		45 g	
<b>46 Total payments.</b> Add lines 45a through 45g		46	6,964.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed		48	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	6,964.
<b>50</b> Enter the amount of line 49 you want <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>		50	6,964.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> 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
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		0.

**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. Preparation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 12/8/2020 Title: PRESIDENT & CEO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: DIANA LUTTMANN Preparer's signature: *[Signature]* Date: 11.5.2020 Check  if self employed PIIN: P01075770

Firm's name: RITZ HOLMAN LLP Firm's EIN: 39-0919055

Firm's address: 330 E. KILBOURN STE. 550 MILWAUKEE, WI 53202-3144 Phone no: (414) 271-1451

\*\* Original payment was \$7,384, of which \$420 was requested for refund with the 6/30/2019 return. Remaining refund request is \$6,964.

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

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

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

**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 sch)	(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 6 x total of columns 3(a) and 3(b))
(1)		⌘		
(2)		⌘		
(3)		⌘		
(4)		⌘		
<b>Totals.</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8				

**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

**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 (column 3 plus column 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

**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 columns 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, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Totals

**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 (col. 6 minus col. 5, but not more than col. 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

**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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1– 5)</b>	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**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
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

Big Brothers and Big Sisters of Metropolitan Milwaukee Inc  
June 30, 2018  
2018 990T Amended Return Attachment

Statement of 990-T Amended Return Changes

Line number	Line	Original Amount	Updated Amount	Reason for change
12	Other Income	16,945	-	Repeal of Section 512(a)(7)
13a	Total	16,945	-	Repeal of Section 512(a)(7)
13c	Total	16,945	-	Repeal of Section 512(a)(7)
30	Unrelated business taxable income before net operating loss deduction	16,945	-	Repeal of Section 512(a)(7)
32	Unrelated business taxable income	16,945	-	Repeal of Section 512(a)(7)
34	Unrelated business taxable income	15,945	-	Repeal of Section 512(a)(7)
35c	Income tax on the amount on line 34	3,348	-	Repeal of Section 512(a)(7)
40	Total	3,348	-	Repeal of Section 512(a)(7)
42	Subtract line 41e from line 40	3,348	-	Repeal of Section 512(a)(7)
44	Total tax	3,348	-	Repeal of Section 512(a)(7)
49	Overpayment	4,036	6,964	Repeal of Section 512(a)(7)
50	Enter the amount of line 49 you want Refunded	-	6,964	Repeal of Section 512(a)(7)