Form **990-T** (2018)

	990-T (2018) Breast Cancer Foundation	or the	43	_1001430					Page ∠
Pai	Tilia Total Unrelated Business Taxable income								
33	Total of unrelated business taxable income computed from all unrela	ated trades or business	ses (see	!	1 1				
	instructions)				-1 ↓	33		354	<u>, 683</u>
34	Amounts paid for disallowed fringes				· L	34			
35	Deductions for net operating loss arising in tax years beginning before	re January 1, 2018 (se	ee		1	1			
	instructions)				L	35		-	
36	Total of unrelated business taxable income before specific deduction	Subtract line 35 from	n the su	m		1			
	of lines 33 and 34				α	36		354	, 683
	Specific deduction (Generally \$1,000, but see line 37 instructions for	r exceptions)			Q_1	37	-	1,	,000
•	Unrelated business taxable income. Subtract line 37 from line 36	•	an line :	36.	\tilde{i}	T			
	enterithe smaller of zero or line 36	ii iii o o io groutor iii		701	V	38		353	. 683
	Tax Computation			· · · · · · · · · · · · · · · · · · ·					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.2	21)			•	39		74	,273
	Trusts Taxable at Trust Rates. See instructions for tax computation			,					
	the amount on line 38 from Tax rate schedule or	Schedule D (Form 10	041)		▶ [40			
	Proxy tax. See instructions	•	•		▶	41			
	Alternative minimum tax (trusts only)				Ī	42			
43	Tax on Noncompliant Facility Income. See instructions				r	43			
•	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				1	44		74	,273
44 \	Tax and Payments			-	_				
		m 1116\	45a		T I				-
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form	m 1110)	45b						
	Other credits (see instructions)								
	General business credit Attach Form 3800 (see instructions)		45c						
	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d						
е	Total credits. Add lines 45a through 45d					45e		74	,273
46	Subtract line 45e from line 44				}	46	—		, 2 1 3
47	Check if from Form 4255 Form 8611 Form 8697 Form	m 8866 Other (att. sc	;h)		4	47		74	272
48	Total tax. Add lines 46 and 47 (see instructions)				41	48			,273
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part	II, column (k) line 2		<i>.</i>		49			
50a	Payments A 2017 overpayment credited to 2018	₹.	50a	6,:					
b	2018 estimated tax payments	30	50b	72,	05				
C	Tax deposited with Form 8868		50c						
d	Foreign organizations Tax paid or withheld at source (see instruction	ns)	50d						
е	Backup withholding (see instructions)		50e						
f	Credit for small employer health insurance premiums (attach Form 8	3941)	50f						
g	Other credits, adjustments, and payments Form 2439		!		ļ				
	Form 4136 Other	Total >	50g						
51	Total payments. Add lines 50a through 50g			Λ		51		<u> 78</u>	<u>,772</u>
52	Estimated tax penalty (see instructions) Check if Form 2220 is attack	ched		∀ ▶	X	52			351
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter	r amount owed		.	▶	53			0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 5			"	ا ح ر	54		4	<u>, 148</u>
,5 ′ 5	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	4,1	48	Refunded	I	55			
Pa	TIVI Statements Regarding Certain Activities a	nd Other Informa	ation (see instructions)					
56	At any time during the 2018 calendar year, did the organization have	e an interest in or a sig	nature o	or other authority				Yes	s No
	over a financial account (bank, securities, or other) in a foreign coun	ntry? If "YES," the orga	ınızatıon	may have to file					CH 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts here ▶	ii 165, enter the nai	ine oi ui	e loreign country				1	X
67	During the tax year, did the organization receive a distribution from,	or was it the grantor of	f or tran	sferor to a foreign t	oct ?				X
57	If "YES," see instructions for other forms the organization may have		i, or trai	isiciol to, a forcion	2 30.				
58	Enter the amount of tax-exempt interest received or accrued during-			110	<u> </u>				
	Under penalties of penjury, I declare that I have examined this-return, including accompar	nving schedules and statement	s and to th	e hest of my knowledge and	belief it	is			
0:	true correct and complete Declaration of preparer (other than taynayer) is based on all	information of which preparer h	has any kno	owledge			May t	he IRS discuss	this return
Sig	\mathbb{N}						with ti	he preparer sho nstructions)?	wn below
Her		xecutive Di	rec	or				X Yes	No
	Signature of officer Date Title			1	Т				
	Pnnt/Type preparer's name Preparer's s	signature A - A		Date		Check	ַן " וַ	PTIN	
Paid		aly lype	<u>′</u>	10/1	5/19	self-empl	-	P0044469	
Prep			<u> </u>		Firm's E	EIN 🕨	2	7-485	4448
Use									
	Springfield MO 658	∩4			Dhane		417	-886-	7300

		t Cancer E					43-	1881450		Page 3
<u>Sch</u>	edule A - Cost of Go	<u>ods Sold. Enter</u>	metho	od of invento	<u>ory v</u>	aluation ▶			, ,	·
1	Inventory at beginning of ye	ear 1		6	i Inv	entory at end of	year		6	
2	Purchases	2		7	, Co	st of goods sol	d . Subtr	act		
3	Cost of labor	3				e 6 from line 5 Ei				
4a	Additional sec 263A costs					Part I, line 2			7	
	(attach schedule)	4a		۱.		•	100 262	A (with respect to	<u> </u>	Yes No
b	Other costs			—— °				•		Yes No
_	(attach schedule)	4b			•		•	red for resale) apply		
5	Total. Add lines 1 through				_	the organization?		141 D I D		
	edule C – Rent Incom	ie (From Real F	roper	ty and Pers	sona	i Property Le	easea	with Real Prope	rτy)	
<u>(Se</u>	ee instructions)	-								
1. Des	cription of property			_ 						
(1)	N/A									<u> </u>
(2)										
(3)										
(4)										
		2. Rent recen	ed or accr	ued		<u></u>				
	(a) From personal property (if the p	percentage of rent		(b) From real a	and per	sonal property (if the		3(a) Deductions	directly cor	nected with the income
	for personal property is more that	•	ļ			rsonal property exceed	ls	1 ''	•) (attach schedule)
	more than 50%)			50% or if the rent	nt is bas	ed on profit or income)				
(1)	····				-			-		
(2)	······································		ļ. <u>-</u>			··				
(3)		· · · · · · · · · · · · · · · · · · ·								
(4)								 		
Total			Total					(b) Total deduction		
	otal income. Add totals of co		Enter					Enter here and on page		
_	and on page 1, Part I, line 6,				<u> </u>			Part I, line 6, column	(R) ►	_
Sch	<u>edule E – Unrelated [</u>	Debt-Financed I	ncom	e (see instruc	ctions	s)	-T			
				2 6 m	nee inco	me from or		3. Deductions directly of		
	1. Description of debt-f	inanced property `				ebt-financed	<u> </u>	debt-fina	anced prop	erty
	•			1	prope	erty	(a) Straight line depreciation		(b) Other deductions
							<u> </u>	(attach schedule)		(attach schedule)
(1)	N/A		_							
(2)										
(3)										
(4)		 ,	-				T -			
<u> </u>	4. Amount of average	5. Average adjusted	basis		6.0=		1		1	9. Alicaphia dadustrana
	acquisition debt on or	of or allocable to			6. Col 4 divi		7.	. Gross income reportable		Allocable deductions column 6 x total of columns
	allocable to debt-financed property (attach schedule)	debt-financed prop			by colu			(column 2 x column 6)	'	3(a) and 3(b))
	property (attack scriedate)	(andar scriedae	<u>,</u>				. 		+	- .
(1)							%			· · · · · · · · · · · · · · · · · · ·
(2)				 		9			+-	
(3)		<u></u>								
(4)		<u> </u>		<u> </u>		9	/			
							Ente	r here and on page 1,	Ente	er here and on page 1,
							Par	t I, line 7, column (A)	Pa	rt I, line 7, column (B)
Tota	ls					•				
<u>Tota</u>	l dividends-received deduc	ctions included in co	lumn 8					<u> </u>		
										Form 990-T (2018)

৭-				

									i age ¬	
<u> Schedule F – Interest, Annu</u>	<u>ities, Royalt</u>	ies, and Rent	s Fron	<u>Controlle</u>	d Org	anizations	(see instructi	ons)		
	ł		Exem	pt Controlled	Orgar	nizations			.	
Name of controlled organization idea		identification number				otal of specified yments made	Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with Income in column 5	
(1) N/A		· - ·				-				
(2)						- · · · · ·				
(3)										
(4)	_			-						
Nonexempt Controlled Organizat	ions		-							
Tronexempt Controlled Organizat	10113			_				Γ		
7. Taxable Income		. Net unrelated income oss) (see instructions)		9 Total of specific payments made		10. Part of co included in the organization's			. Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)										
	<u> </u>					Add column Enter here ar Part I, line 8	nd on page 1,	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)	
Totals					<u> </u>	<u> </u>	_	L		
Schedule G – Investment in	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganiz	ation (see in	structions)			
1. Description of income		2. Amount of income		directly			4. Set-asides attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A									-	
(2)		· · · · · · · · · · · · · · · · · · ·								
(3)										
(4)	····	-								
Totals	<u> </u>	Enter here and or Part I, line 9, col	umn (A)						ter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exer	npt Activity I	ncome, Othe	r Than	<u>Advertisir</u>	<u>ig Inc</u>	ome (see ins	tructions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4 Net income (I from unrelated t or business (col 2 minus column If a gain, comp cols 5 through	rade umn 3) ute	 Gross income from activity that is not unrelated business income 	attnbu colu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A		· 			<u> </u>		-			
				-	$\neg \uparrow$					
(2)									 	
(3)		- 	-				- 			
(4) Totals ▶	Enter here and o page 1, Part I, line 10, col (A)	n Enter here a page 1, Pa	art I, 📳						Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	Come (see in	structione)	!	r-smeMalentelskipp	ա-թարդարդ	Primatili del Leurini methy (1) della mitt	Minds of tests of the second	marra of the state of	m	
Part I Income From P			Conso	lidated Ra	eie				** <u>-</u>	
manufacture income from F	eriodicais ix	eported on a	Conso				- -		7.5	
Name of penodical	2. Gross advertising income	3. Direc		4 Advertising gain or (loss) (c 2 minus col 3) a gain, compu cols 5 through	if te	Circulation income	l l	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A			7							
(2)										
(3)										
(4)		_								
	· 			me recomment total telegraph	a vacamental				CONTRIBUTE OF THE LANGEST AND AND ASSESSMENT OF THE LANGEST ASSESSMENT	
Totals (carry to Part II, line (5))								·	- 200 T	

43-1881450

Page 5

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.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 5 Circulation 6. Readership 3. Direct advertising 2 minus col 3) If minus column 5, but 1. Name of penodical advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (2) (3) (4) Totals from Part I ▶ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5)

	Schedule K - 0	<u>Compensation</u>	of Officers,	Directors, a	and Trustees	(see instructions)
--	----------------	---------------------	--------------	--------------	--------------	--------------------

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14		•	

Form 990-T (2018)

Federal Statements 43-1881450

10/16/2019 2:17 PM

Page 1 FYE: 12/31/2018

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

Operate and manage Missouri Department of Revenue license offices located in southwest MO.

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount
Interest License office revenues	\$ 81 1,833,662
Total	\$ 1,833,743

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	_	Amount
Insurance Miscellaneous	\$	16,778 9,500
Postage		11,039
Office supplies		39,589
Professional fees Rent & Maintenance		5,460 134,420
Security		4,653
State return		107,317
Telephone and internet		32,098
Travel		4,958
Utilities		32,048
Computer Expense		6,672
Dues		5,989
Total	\$	410,521

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Internal Revenue Service Breast Cancer Foundation of the Name(s) shown on return Ozarks

Identifying number 43-1881450

Business or activity to which this form relates

	ndirect Depreciat	tion ense Certain Prope	erty Under Section	n 179					
	,	any listed property,	•		omplet	e Part I	l.		
1	Maximum amount (see instruction		oornpicte i art v	ociore year	<u> </u>	<u></u>	·	1	1,000,000
2	Total cost of section 179 property		nstructions)					2	
3	Threshold cost of section 179 pro		·	tions)				3	2,500,000
4	Reduction in limitation Subtract	• •	•	,				4	
5	Dollar limitation for tax year Subtract		•	lino separately, se	e instruct	ions		5	
6		otion of property		Cost (business use			Elected cost		
								_	
7	Listed property Enter the amoun	nt from line 29			7				
8	Total elected cost of section 179		n column (c), lines 6 ar	nd 7				8	
9	Tentative deduction Enter the sr	maller of line 5 or line 8	• • •					9	
10	Carryover of disallowed deduction	on from line 13 of your 20	17 Form 4562					10	
11	Business income limitation Ente	r the smaller of business	income (not less than	zero) or line 5	See insti	ructions		11	
12	Section 179 expense deduction	Add lines 9 and 10, but d	on't enter more than lu	ne 11				12	
13	Carryover of disallowed deduction	on to 2019 Add lines 9 an	d 10, less line 12		13				
Note	: Don't use Part II or Part III below	for listed property Instead	ad, use Part V	<u> </u>					
Pa	Int II Special Deprecia	ation Allowance an	d Other Deprecia	ation (Don't	includ	e listed	propert	y. Se	e instructions.)
14	Special depreciation allowance for	or qualified property (other	er than listed property)	placed in servic	e				
	during the tax year. See instruction	ons						14	
15	Property subject to section 168(f))(1) election						15	
16	Other depreciation (including AC	RS)						16	16,554
Pa	MACRS Deprecia	ation (Don't include	listed property. S	ee instructio	ns)				·
		* **	Section A	<u> </u>					
17	MACRS deductions for assets pl	aced in service in tax yea	irs beginning before 20	118				17	0
<u>18</u>	If you are electing to group any assets place						<u> </u>	1 d as a floor 1 d	
	Section B-	-Assets Placed in Ser			e Gener	al Depre	ciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Co	nvention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property								· · · <u></u>
b	5-year property		···		ļ				
c	7-year property				ļ				
d	10-year property								
<u>e</u>	15-year property		·		 				
f	20-year property								
<u>g</u>	25-year property			25 yrs	ļ		S/L		
h	Residential rental			27 5 yrs	+	/M	S/L		·
	property			27 5 yrs.	+	/IM	S/L		
i	Nonresidential real			39 yrs	+	/M	S/L		
	property					MM	S/L		L
		Assets Placed in Servi	ce During 2018 Tax Y	ear Using the	Alternal	ive Depr			<u>n</u>
20a	Class life				├		S/L		
b	12-year			12 yrs	 		S/L		
	30-year			30 yrs	-	/M	S/L		
d	40-year	1		40 yrs		MM	S/L		<u> </u>
	rt IV Summary (See in							T	·
21	Listed property Enter amount fro		40 1051					21	
22	Total. Add amounts from line 12, here and on the appropriate lines	s of your return Partnersh	nips and S corporations	s—see instruction		·		22	16,554
23	For assets shown above and plan portion of the basis attributable to		current year, enter the		23				