			5 4.0						_	_	-		OMB	No 1545-0687	
Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning , and ending Go to www.irs.gov/Form990T for instructions and the latest information.									turn	2018			
	artment of the Treasury hal Revenue Service			.gov/For	m990T	for instru	ctions	and the la	test info	matior nizatio	1. n is a 501(c)(3	Öpe), 501	en to P	ublic Inspection for	
A	Check box if address changed							see instructi			D Employer is				
В	Exempt under section	1	Big Broth				-		•	er	(Employees'	trust, se	e instru	ictions)	
	K 501(C)(63)	Print	Kansas Ci	ty			_								
	408(e) 220(e)	or	Number, street, and room of	r suite no I	faPO b	ox, see instr	ıctions				43-6	068	3464	4	
[408A 530(a)	Туре	1709 Waln	at S	t						E Unrelated b	usines	s activ	ity code	
	529(a)		City or town, state or prov	nce, count	ry, and Zi	P or foreign	postal o	ode			(See instruc	lions)			
CE	Book value of all assets		Kansas City												
ε	t end of year		roup exemption numb												
	6,402,484 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust														
	Enter the number of the			les or bu	usiness	<u>es ▶1</u>	Desc	ribe the o	nly (or fir	st) unr	elated trade	or bus	siness	here	
	Rental in											_	•	ne, complete	
F	Parts I–V. If more than	one, de	scribe the first in the b	lank spa	ace at t	he end o	f the pi	revious se	entence,	compl	ete Parts I ar	d II, d	compl	ete	
	Schedule M for each ac	dditional	trade or business, the	en comp	lete Pa	rts III-V								·	
1 [During the tax year, wa f "Yes," enter the name	s the co	rporation a subsidiary entifying number of th	ın an at e parent	ffiliated corpor	group or ation	a pare	ent-subsic	liary conf	trolled	group?		▶ [Yes 🗓 No	
<u>J</u>	he books are in care of	of ▶ C	olby Jones		<u></u>					Teleph	one number	▶ 8	16-	561-5269	
			le or Business Ir	come				(A)	Income		(B) Expenses		Γ-	(C) Net	
1a	Gross receipts or sale								······						
b	Less returns and allow	wances		c Bala	ance	•	1c								
2	Cost of goods sold (S	chedule	A, line 7)				2	ĺ	,				1		
3	Gross profit Subtract		•				3								
4a	Capital gain net incon	gain net income (attach Schedule D)													
b	Net gain (loss) (Form 479	•	•	97)			4b								
С	Capital loss deduction			,			4c								
5	Income (loss) from partnership						5						· · · · ·		
6	Rent income (Schedu		,	•• •	•		6								
7	Unrelated debt-finance		me (Schedule E)				7								
8	Interest, annuities, royalti		•	nization (S	Schedule	F)	8								
9	Investment income of a s		_			,	9								
10	Exploited exempt acti	vity inco	ome (Schedule I)	•		•	10		·						
11	Advertising income (S	Schedule	∍ J)				11								
12	Other income (See in:	struction	ns, attach schedule)	See	Stm	t 1	12		1,3	50				1,350	
13	Total. Combine lines	3 through	gh 12				13		1,3	50				1,350	
Pa	deduction	is mus	t Taken Elsewhe t be directly conn	ected v	with th	ruction ne unre	s for l lated	imitatio busines	ns on c	leduc me.)	tions.) (Ex	cept	for c	contributions,	
14	Compensation of office	ærs, dire	ectors, and trustees (Schedule	-K)				_		į	14	<u> </u>		
15	Salaries and wages					REC	EIV	ED	1			15	<u> </u>		
16	Repairs and maintena	ance					774		إر			16			
17	Bad debts		•		4	NOV 1	金,	019	XX-030			17	<u> </u>		
18	Interest (attach sched	ule) (se	e instructions)		C14	1101	<i>y</i> '	را دره او	χ).			18	<u> </u>		
19	Taxes and licenses				-				<u>-</u>			19	<u> </u>		
20	Chantable contributions ()		OGD	EN,	UT				20	<u> </u>		
21	Depreciation (attach f								21		3,360				
22	Less depreciation clai	med on	Schedule A and else	where o	n returr	ו			22a			22b	—	3,360	
23	Depletion											23	<u> </u>		
24	Contributions to defer		ipensation plans									24	├ ─		
25	Employee benefit prog	-									ļ	25	 		
26	Excess exempt exper											26	<u> </u>		
27	Excess readership co											27			
28	Other deductions (atta							See	Stat	eme	ent 2	28	ļ		
29	Total deguctions. Ac											29_	<u> </u>	3,360	
30	Unrelated business ta		·	-								30	Ь—	-2,010	
31	Deduction for net ope	_		-	-	or after J	anuary	1, 2018	(see insti	ruction	s)	31	<u> </u>		
32	Unrelated business ta				ne 30							32	<u> </u>	-2,010	
DAA	For Paperwork Redu	iction A	ct Notice, see instru	ctions.									For	m 990-T (2018)	

Form	990-T (2018) Big Brothers Big Sisters of Great	te <u>r43-60684</u>	64					Page 2
Pa	rt III Total Unrelated Business Taxable income							
33	Total of unrelated business taxable income computed from all unrelated trades or t	ousinesses (see						ن
	instructions)	•		1	33			
34	Amounts paid for disallowed fringes			Ī	34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2	2018 (see		Ì				
33	instructions)	2010 (000		1	35			
26	Total of unrelated business taxable income before specific deduction. Subtract line	35 from the sum		ŀ	-33			
36	·			ا ء			^	
	of lines 33 and 34			ŀ	36			1,000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			- 1	37			1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than 10 miles and 10 miles are subtract line 37 from line 36.	eater than line 36,		- 1	[•
	enter the smaller of zero or line 36				38			<u> </u>
	rt IV Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			• [39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of							
	the amount on line 38 from Tax rate schedule or Schedule D (Form	1041)			40			
41	Proxy tax. See instructions				41			
42	Alternative minimum tax (trusts only)			-	42			
43	Tax on Noncompliant Facility Income. See instructions	•		.	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0
<u>Pa</u>	rt V Tax and Payments							
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a						
b	Other credits (see instructions)	45b						
С	General business credit. Attach Form 3800 (see instructions)	45c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			- 1			
е	Total credits. Add lines 45a through 45d				45e			
46	Subtract line 45e from line 44			- [46			
47	Other taxes	sch)			47			
48	Total tax. Add lines 46 and 47 (see instructions)	55 /		ı	48			Ō
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	ine 2		1	49			<u>_</u>
	Payments A 2017 overpayment credited to 2018	50a		ŀ			***	
50a	•	50b		\neg	- 1			
b	2018 estimated tax payments				l			
С.	Tax deposited with Form 8868	50c		{				
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d						
е	Backup withholding (see instructions)	50e						
f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments Form 2439							
	Form 4136 Total ▶	50g						
51	Total payments. Add lines 50a through 50g			ا سر ا	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		•		52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	1		▶	53			<u> </u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amou	nt overpaid		•	54			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	Ref	funded	1 ▶	55			
Pa	rt VI Statements Regarding Certain Activities and Other Info	ormation (see ins	struction	ons)				
56	At any time during the 2018 calendar year, did the organization have an interest in	or a signature or oth	ner auti	hority				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," t	he organization may	have t	to file			ĺ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter here ▶	the name of the for	eign co	ountry				x
		rantar of ar transfer	orto o	foros	n truct	2	Ì	$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the gilf "YES," see instructions for other forms the organization may have to file.	rantor or, or transfer	or to, a	toreig	jn u usi	. .:	ł	
58	Enter the amount of tax-exempt interest received or accrued during the tax year							
	Hades possible of possible detailed that have exemped the estate producting accompanying school-life and st	atomostic and to the best of	my know	lodgo ar	nd boliof i	t ic		
<u>٠</u>	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and st true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr		IIIy NION	ieuge ar	iu bellei, i	_	the IDS di	course this ratur
Sig						with	he prepar	scuss this retur er shown below is)?
Hei	e CFO 11/14/19 CFO					(see	X Ye	
	Signature of officer Date Title					<u></u>		
	Preparer's name Preparer's signature		Date	Ì	Check	ıf	PTIN	
Paid			<u> </u>		self-emp	loyed		
Prep	arer Firm's name This tax return		j	Fırm's	EIN 🕨			
Use	Only prepared by a		I					
	Firm's address > non-paid preparer.			Phone	по			

Form	n 990-T (2918) Big B	rothers B	ig S	Siste	rs	of Great	ter	43-6	068464		Page 3	
<u>Sct</u>	<u>nedule A - Cost of Go</u>	ods Sold. Ent	er me	thod of i	nve	ntory valuation	on 🕨	•				
1	Inventory at beginning of y	ear 1			6	Inventory at er	nd of	year		6		
2	Purchases	2		-	7	Cost of goods	s sol	d. Subt	ract			
3	Cost of labor	3			1	line 6 from line			1	ł		
4a	Additional sec 263A costs				l	ın Part I, line 2	_			7	V .	
	(attach schedule)	4a			l a	•		hon 263	A (with respect to		es No	
b	Other costs	4b			ľ				red for resale) apply	 '	65 140	
5	(attach schedule) Total. Add lines 1 through			<u>'</u>		to the organiza			ired tot tesale, apply	• [-[
	nedule C – Rent Incor		Dron	ortic and	1 0				od With Bool Br	·····		
	ee instructions)	ne (From Rea	rop	erty and	. re	isoliai Piop	ert	y Leas	seu with Real Pr	operty)		
	scription of property N/A	va s					-		- +			
(1)	N/A	··				· · · · · · · · · · · · · · · · · · ·				 		
(2)										· ,		
(3)						······			·····	· · · · · · · · · · · · · · · · · · ·		
(4)												
		2. Rent receiv	ed or accr	ued								
	(a) From personal property (if the pe	ercentage of rent		(b) From n	eal and	personal property (r	fthe		3(a) Deductions din	firectly connected with the income		
	for personal property is more tha	n 10% but not	p	ercentage of	rent fo	r personal property e	xceed	ls	ın columns 2(a)	and 2(b) (attach schedule)		
	more than 50%)		٠	50% or if the	rent is	based on profit or in	come)	•				
(1)						•	٠		1 -			
(2)												
(3)												
(4)										· · · · · · · · · · · · · · · · · · ·		
Tota			Total									
		nalumna O(a) and ((b) Total deductions		44	
here	otal income. Add totals of of and on page 1, Part I, line 6	Columns 2(a) and 2 S. column (A)	2(D) En	ter		_			Enter here and on pag Part I, line 6, column (
	edule E – Unrelated i		d Inco	ma /saa	inct	ructions)			Tarti, into o, colarini (<i>5, F</i>		
001	icadic E - Officiated i	Dept-1 mancet	<u>, 11100</u>	1116 (366	เมอน	uctions)			A D-1-1-1-1			
				2.	Gross	income from or			, 3. Deductions directly con	inected with or allocable to ed property		
	1. Description of debt-fin	anced property		allocable to debt-financed property								
	•						(a) Straight line depreciation		(b) Other deductions			
	37/3								(attach schedule)	(attach schedule	=)	
(1)	N/A	1				·				·		
(2)	·····											
(3)												
(4)												
	Amount of average acquisition debt on or	5. Average adjusted to			6.	Column				8. Allocable deduct	ions	
	allocable to debt-financed	of or allocable to debt-financed proper			4	divided	Į		ross income reportable olumn 2 x column 6)	(column 6 x total of co	plumns	
	property (attach schedule)	(attach schedule)		by	column 5	- 1	,,	oluliin 2 x coluliin 0)	3(a) and 3(b))		
(1)							%					
(2)							%					
(3)							%					
(4)							- /9 %					
-/				l 				Enter	horo and an nace 4	Enter here and an		
							l	Part	here and on page 1, I, line 7, column (A)	Enter here and on Part I, line 7, colu		
T_4-	1 _							· art	., 7, columni (/1)	, , a.e.,	(5)	
Tota				_								
ı ota	l dividends-received dedu	ctions included in	column	<u>8</u>					<u> </u>			

Form 990-T (2018) Big Bre									-4	Page 4
Schedule F - Interest, Ann	iuities, Roya	iities, and R		pt Controlle				ons (see in	Structio	<u>ons) ≁~</u> •
Name of controlled organization	ider	2 Employer attrication number	3. Net un	related income e instructions)	4 To	otal of spe yments m	cified ade	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income
(1) N/A						•				
(2)										<u> </u>
(3)										
(4)								,		•
Nonexempt Controlled Organiz	ations					,				1 I
7. Taxable Income		Net unrelated income ss) (see instructions)		Total of specific payments mad		inc	luded in th	umn 9 that is e controlling gross income		f. Deductions directly inected with income in column 10
(1)						ļ				-
(2)						ļ				
(3)						ļ				
(4)						+	dd column:	5 and 10	۸,	dd columns 6 and 11
Totals		,				Ent Pa	ter here and ort I, line 8,	d on page 1, column (A)	Ente Pa	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G – Investment	Income of a	Section 501	(c)(7),	(9), or (17) Org	aniza	tion (s	ee instructio	ns)	· · · · · · · · · · · · · · · · · · ·
1. Description of income	-	2. Amount of a	ncome	directly	ductions connecte schedule			l. Set-asides tach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A										
(2)										1
(3)								,		
(4)										
	•	Enter here and o Part I, line 9, co	on page 1, lumn (A)						En Pa	iter here and on page 1, art I, line 9, column (B)
Totals School Laboratory School Laboratory		· Incomo O	Abou Th	Adve-	4:0:0	- 1		- in a4m (a4ia		
Schedule I – Exploited Exc	empt Activit	y income, O	ther ir	ian Adver	เรเก	g incc	me (se	e instructio	ns)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirecte connected production unrelate business in	ly d with on of ed	4. Net income (from unrelated or business (co 2 minus columi If a gain, comp cols 5 through	trade lumn n 3) pute	from a	ess income activity that unrelated ess income	attribut	enses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A			Ì					+		
(2)		1								
(3)										
(4)										
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here page 1, P	art I,	·					. "	Enter here and on page 1, Part II, line 26
Schedule J - Advertising								```		
Part I Income From I			a Con	solidated	Basi	S				
1 Name of penodical	2. Gross advertising income	3. Dire advertising		4 Advertising gain or (loss) (2 minus col 3 a gain, compicols 5 through	(col I) If ute		iculation icome		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)					[_
(3)					Ļ	·				_
(4)	ļ									
Totals (carry to Part II, line (5))										

Form 990-T (2018) Big B	Brothers Bio	y Sisters	of Greater	43-6068	464	Page I in Part II, fill in colum
← 2 through 7 c	on a line-by-line ba	asis.)	oparato Daoio (i	or odon po		, iii i ai c ii, iii ii oolaii
1 Name of penodical	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	I	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)			•	, ,		1
(4)						
•	Enter here and on page 1, Part I, line 11, col (A)	Enter here and or page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		<u>L</u>	<u> </u>		·
Schedule K - Compens	ation of Officers,	Directors, au	nd Trustees (see i	instructions)		
1. N	lame		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
, -		-		,	,	* * * * * * * * * * * * * * * * * * *
					, .	
•						•
- '						
-	-				ı	
		•				
• •	•	-*	- •		-	,
	•			•		. \ \

Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

', _

Description Unrelated Business Activity

2048

Name

Big Brothers Big Sisters of Greater

Taxpayer Identification Number

43-6068464

Unincorporated Business Income Tax Code. 531120 Activity Lessors of nonresidential buildi

-\4	orksheet 1 Activity Charitable Contribution Deduction		
		1	1,350
7	Activity Income (Schedule M, Line 13, col C)		
2	Activity Expense (does not include amount needed for Line 20)	2	3,360
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	<u> </u>
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions .	5	0
6	Prior year contributions (corporations only)	6	-
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
	Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
_11	Remaining contributions (carned forward for corporations only, See Worksheet 3)	11	0
_			
w	orksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	2,010
5	Total loss carried forward to 2019	5	2,010

Worksheet 3 Activity Charitable Contribution Carryforward

		Prior Year	-	Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15		-			
2nd 12/31/16					
1st 12/31/17		<u></u>			
Charitable Contribution Carryovei	To Current Year		0		
Current Year Amount	0				
Charitable Contribution Carryover	Available To Next Year				

BBBS Big Brothers Big Sisters of Greater
Federal Statements FYE: 12/31/2018 Statement 1 - Form 990-T, Part I, Line 12 - Other Income Description Amount 1,350 Rental income 1,350 Total Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions Description Amount Rental expenses Total