Biblical Business Training, Inc. Return of Organization Exempt From Income Tax June 30, 2018

OPEN TO PUBLIC INSPECTION

EXTENDED TO MAY 15, 2019

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	רטו נוופ	2017 calendar year, or tax year beginning 0011, 2017 and e	nuing 0	UN 30, 2016	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as BBT		**_*	**2335
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r 225 1025
	Final return/ termin	16100 SWINGLEY RIDGE RD., STE. 230		314-	325-1925
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	423,490.
F	return	51: HOOLS, MO 03017		H(a) Is this a group re	
	Applic tion pendir			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		e:▶ WWW.B-B-T.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ▶	L Year o	of formation: 2009 N	N State of legal domicile: MO
Р		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${ t HELPI}$	NG PE	OPLE APPLY	BIBLICAL
Activities & Governance		PRINCIPLES AT WORK WITH THE VISION OF SEE	ING P	EOPLE GROW	IN THEIR
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
رح مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
ş	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			6
ŧ	6	Total number of volunteers (estimate if necessary)			94
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	Ь	Net unrelated business taxable income from Form 990-T, line 34			0.
		,		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		412,150.	423,490.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,150.	423,490.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,943.	317,772.
Expenses	16a			0.	0.
per	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 27,83	5.	-	_
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		63,828.	103,274.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		284,771.	421,046.
		Revenue less expenses. Subtract line 18 from line 12		127,379.	2,444.
Or or	3	rievende iess expenses. Odbitaet inte 10 nontinte 12		ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	50	430,557.	435,222.
ASS	21	Total liabilities (Part X, line 26)		3,742.	5,963.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		426,815.	429,259.
P	art II	Signature Block		120,020	127/2077
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			y Kilowiougo alla bollol, it lo
	3, 001100	wall complete book and of property (out of their officer) to become of all information of white	on properor	las any kilowedge.	
Sig	ın.	Signature of officer		Date	
He		ROBERT MILLAR, EXECUTIVE DIRECTOR & CE	:O		
110	10	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	10	Date Check	II PTIN
Pai	id	JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ		0/12/18 of self-employed	
	parer	Firm's name MUELLER PROST LC	<u> </u>	Firm's EIN	**-***4752
	e Only	Firm's address 7733 FORSYTH BLVD., SUITE 1200		I IIIII 2 LIIV	<u> </u>
031	Only	ST. LOUIS, MO 63105		Dhono no / 3	14) 862-2070
N 4 -	v the I			Trilolle IIO. (3	
ivia	ıy ıne il	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Statement of Program Service Accomplishments	X
		Δ_
1	Briefly describe the organization's mission: HELPING PEOPLE APPLY BIBLICAL PRINCIPLES AT WORK WITH THE VISION OF	
	SEEING PEOPLE GROW IN THEIR RELATIONSHIP WITH CHRIST, AND EXPAND GOD'S	_
	KINGDOM THROUGH THEIR LEADERSHIP. FAITH FOR WORK - LEADERSHIP FOR	
	LIFE!	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	٧o
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No.
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$357, 332 • including grants of \$) (Revenue \$	
Ta	THE MINISTRY FOCUS OF BIBLICAL BUSINESS TRAINING (BBT) IS DEVELOPING	_ ′
	GROUP LEADERS FOR SMALL-GROUP BIBLE STUDIES. BBT GROUPS MEET AT WORK,	
	NEAR WORK (E.G., RESTAURANTS, COFFEE SHOPS, ETC.), OR AT A LOCAL	
	CHURCH. BBT PROVIDES LEADERS WITH CURRICULUM (AGENDAS, GROUP LEADER	
	GUIDES AND RECAPS) THAT IS FOCUSED ON PRACTICAL WORK SITUATIONS TO HELD	
	PARTICIPANTS DIRECTLY APPLY BIBLICAL PRINCIPLES TO WHAT THEY DO EVERY	
	DAY. BBT ALSO PROVIDES LEADERS WITH AN INDIVIDUALIZED BIBLICAL	
	LEADERSHIP DEVELOPMENT PROCESS. BBT COACHES WORK WITH GROUP LEADERS TO	
		_
	ASSESS, EQUIP AND ENCOURAGE THEM TO LEAD IN EVERY AREA OF LIFE (WE CALITHIS THE LEADERSHIP FLYWHEEL). WE BELIEVE THAT LEADERS WHO ARE GROWING	
	IN THEIR RELATIONSHIP WITH CHRIST WILL LEAD THRIVING, CHRIST-CENTERED	
	<u> </u>	
4b	(Code:) (Expenses \$	_)
4c	(Code:) (Expenses \$	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 357,332.	
	Form 990 (20	117

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1 - 1 - 1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		 -
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			_	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pee No No Pee No No Pee No No Pee No No Pee Pee No Pee P		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-2G included in line 1a. Enter of Find applicable. Did the organization congly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Find for the calendar year entering with or within they are covered by the return. 5b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If was a file and or made 2a is greater than 250, you may be required to 6-file (see instructions). 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization as the file a form 800 To this year? If "No" * * * * * * * * * * * * * * * * * * *					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming winnings to prize winners? 2a Enter then unmber of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5b If at least one is reported on line 2A, did the organization file all required federal employment ex returns? 2b If If a least one is reported on line 2A, did the organization file all required federal employment ex returns? 2c Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a X 3b If Yes, * Insi tified a Form 980-T for this year? If Y%, * for line 3b, provide an explanation in X-bedule 0 3b If Yes, * the during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5c If Yes, * for line 5a or 5b, did the organization have an interest in, or a signature or other authority over, a financial accountry in the organization have an interest in, or a signature or other authority over, a financial accountry? 5c If Yes, * for line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction? 5c If Yes, * for line 5a or 5b, did the organization the form 888817 5c If Yes, * for line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction? 5c If Yes, * for line 5a or 5b, did the organization that were not tax deductible as charitable contributions under section 170(c). a Did the organization set were not tax deductible contributions under section 170(c). b If Yes, * for line organization set in the form 8889 as required? b If Yes, * for the organization set in the form 8889 as required? 7c If Di				_		
describing winnings to prize winners? a First the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least on is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) b If 'Yes', and it fled a Form 990 Th for this year If "No," to file 69, provide an explanation in Schedule 0 3b If 'Yes', and it fled a Form 990 Th for this year If "No," to file 69, provide an explanation in Schedule 0 3b If 'Yes', and it fled a Form 990 Th for this year If "No," to file 69, provide an explanation in Schedule 0 3c All All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? FBAR). b If 'Yes," enter the name of the foreign country Implements for Fince In Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c If 'Yes, 'I come so or 5b, did the organization that it was better transaction at any time during the tax year? c If 'Yes, 'I come so or 5b, did the organization that it was charitable contributions? c If 'Yes, 'I come so or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitables contributions? c If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c If 'Yes,' did the organization receive a appear in excess of \$75 made partly as a contribution of any			10	-		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? As 0c. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If "Yes," after the name of the foreign country. 5c In the first the first product of the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c In the first the organization have interest in the such as the such as the organization and the foreign country. 5c In the first the first product of the organization file form 8868-17 5c In the production of the such part to the organization select any contributions that were not tax deductible organization and explores that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c In the organization select applied in excess of \$75 made partly sis contribution and partly for pods and services provided to the payor? 5d If the organization selection applied in excess of \$75 made partly sis contribution and partly for pods and services provided to the payor? 5d In the organization selection and the payor permitment, directly or indirectly, t	С					
tiled for the calendary year ending with or within the year covered by this return. Description	_		I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ibid the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary vear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tany time enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id and year annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c In Yes, "to line 5a or 5b, did the organization file Form 8896-17 7 In granizations that many receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If Yes, "did the organization notictly the donor of the value of the goods or services provided? 9 If Yes, "did the organization notify the donor of the value of the goods or services provided? 10 Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In If I bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If I bid the organization have excess business holdings at any time during the year? 9 Spo	2a	· · · · · · · · · · · · · · · · · · ·	ا ما			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross across more of \$1,000 more during the year? 3b If 1'ves, "set lifted a Form 9901 for this year? If "No," to line \$50, provide an explanation in Schedule 0 3b If ves," set lifted a Form 9901 for this year? If "No," to line \$50, provide an explanation in Schedule 0 3c If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 5c If "Yes," enter the name of the foreign country. ► 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5se instructions for filing filin		·		1	v	
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-	4.		v
				—		
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U		990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ROBERT MILLAR, EXECUTIVE DIRECTOR & CEO - 314-325-1925			
	16100 SWINGLEY RIDGE RD., STE. 230, ST. LOUIS, MO 63017			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do		(C) Position not check more than one			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle cer an	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	below line)	hours for related organizations below line)		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRANDON MANN EXECUTIVE CHAIR	10.00	x		x				0.	0.	0
(2) DAVID STEWARD	1.00	^		^				0.	0.	
BOARD MEMBER/VICE-CHAIR	1.00	x		х				0.	0.	0
(3) GREG SCHUSTER	1.00									
BOARD MEMBER/SECRETARY		Х		Х				0.	0.	C
(4) DAVID PEACOCK	1.00	X						0.	0.	,
BOARD MEMBER (5) DENNIS MUILENBURG	1.00	^						0.	0.	С
SOARD MEMBER/CHAIRMAN	1.00	X		x				0.	0.	(
(6) DAVID GEORGE	1.00			 				•		
BOARD MEMBER		x						0.	0.	(
(7) SCOTT GLOVER	1.00									
BOARD MEMMBER/TREASURER		Х		Х				0.	0.	C
(8) ROBERT MILLAR	40.00							FF 165		
EXECUTIVE DIRECTOR/CEO				Х				57,165.	0.	(
		_								
		-								
		1					l			

	Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
•	A)	(B)	(C) Position						(D)	(E)			(F)	
Name	and title	Average		not c	heck	more	than		Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation	compensatio			nount (of
		(list any	_					Ė	from the	from related organizations	- 1		other pensa	tion
		hours for	Individual trustee or director				pa.		organization	(W-2/1099-MIS			om the	
		related	stee or	ustee			ensat		(W-2/1099-MISC)	-	·	org	anizati	on
		organizations below	al trus	onal tr		loyee	comp						d relate	
		line)	divid	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizatio	ons
		,	트	드	6	ջ	王吉	굔						
			_											
									5B 165					
									57,165.		0.			0.
	nuation sheets to Part VI								0. 57,165.		0.			0.
	lb and 1c) ndividuals (including but n								·	000 of roportable	-			0.
	m the organization	ot illilited to ti	1036	iiste	ou ai	DOVE	<i>C)</i> WI	10 1	eceived more than proc	,000 of reportable				0
											-		Yes	No
•	on list any former officer, complete Schedule J for s	,		,	,	•		,	•	. ,		3		х
	listed on line 1a, is the su										}			
•	izations greater than \$150	=		-						ine organization	ı	4		Х
•	ted on line 1a receive or a									idual for services	·····			
rendered to the or	ganization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independer														
	le for your five highest co Report compensation for										pens	ation f	rom	
o organization. I	(A)					C. I	J1 VV	25111	(B)			(C		
	Name and business	address	N	INC	S				Description of s	ervices	С	ompe	nsatior	า
2 Total number of in	ndependent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of comp	pensation from the organi	zation >				(0					_	000	.o.:=
												-orm	990 (2	2017)

Га	rt v	Ш	Check if Schedule O cont		sponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
ts, (Am		С	Fundraising events		1c					
Giff		d	Related organizations		1d					
ns, imi		е	Government grants (contribut	ions)	1e					
itio er S		f	All other contributions, gifts, gran	ts, and						
ibu			similar amounts not included abo	ve	1f	423,490.				
ont od C		g	Noncash contributions included in lines	1a-1f: \$		4,926.				
<u>ā č</u>		h	Total. Add lines 1a-1f			>	423,490.			
						Business Code				
ice	2	а								
er. ue		b								
m S ven		С								
gra Re		d								
Program Service Revenue		e	All ather are are a series was							
_		T ~	All other program service reve							
	3		Total. Add lines 2a-2f							
	3		other similar amounts)		,	<i>'</i>				
	4		Income from investment of ta							
	5		Royalties							
					Real	(ii) Personal				
	6	а	Gross rents			(1) 1 11 11 11 11				
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
	7		Gross amount from sales of		curities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)			·· <u>·····</u>				
Other Revenue	8	а	Gross income from fundraisin including \$	•						
}ev			contributions reported on line	1c). See	9					
erF			Part IV, line 18		a					
O t			Less: direct expenses							
			Net income or (loss) from fund			 				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		/ities	·····				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale		entory					
	11	_	Miscellaneous Revenu	C		Business Code				
	••	a b								
		C								
			All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				423,490.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	lude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
	s and other assistance to domestic organizations omestic governments. See Part IV, line 21				
	ts and other assistance to domestic				
	iduals. See Part IV, line 22				
	ts and other assistance to foreign				
	nizations, foreign governments, and foreign				
	iduals. See Part IV, lines 15 and 16				
	ofits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees	106,366.	83,404.	10,637.	12,325.
	pensation not included above, to disqualified	, , , , , , ,	, ,	, , , ,	,
-	ns (as defined under section 4958(f)(1)) and				
-	ns described in section 4958(c)(3)(B)				
	r salaries and wages	181,825.	167,174.	6,716.	7,935.
	on plan accruals and contributions (include	, -	,	•	
	on 401(k) and 403(b) employer contributions)				
	r employee benefits	9,271.	8,807.	93.	371.
	oll taxes	20,310.	18,028.	947.	1,335.
	for services (non-employees):				
	agement				
	1	2,452.	736.	736.	980.
	unting	14,860.		14,860.	
	ying	-			
	ssional fundraising services. See Part IV, line 17				
	stment management fees				
	r. (If line 11g amount exceeds 10% of line 25,				
colum	nn (A) amount, list line 11g expenses on Sch O.)	3,067.	2,674.	180.	213.
12 Adve	rtising and promotion	14,612.	13,881.	4.	727.
	e expenses	9,581.	9,102.	192.	287.
	mation technology	22,936.	21,789.	459.	688.
	lties				
	ıpancy				
	el	4,903.	4,658.	98.	147.
18 Paym	nents of travel or entertainment expenses				
for ar	ny federal, state, or local public officials				
19 Confe	erences, conventions, and meetings				
20 Intere	est	17.	5.	9.	3.
21 Paym	nents to affiliates				
	eciation, depletion, and amortization	1,564.	1,486.	31.	47.
23 Insur	ance	5,021.	4,770.	100.	151.
above 24e ai	expenses. Itemize expenses not covered c. (List miscellaneous expenses in line 24e. If line mount exceeds 10% of line 25, column (A)				
	nt, list line 24e expenses on Schedule 0.)	10 005	0 504		1 504
	RRICULUM SUPPORT SYST	10,005.	8,504.	455	1,501.
	SCELLANEOUS COMMINICA	7,726.	7,340.	155.	231.
	LEPHONE AND COMMUNICA	3,224.	3,063.	64.	97.
	RVICE FEES	1,971.	591.	591.	789.
	her expenses	1,335.	1,320.	7.	8.
	functional expenses. Add lines 1 through 24e	421,046.	357,332.	35,879.	27,835.
	costs. Complete this line only if the organization				
-	ted in column (B) joint costs from a combined				
	ttional campaign and fundraising solicitation.				
732010 11-28	here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

Part	Λ	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			150,667.	1	140,668.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
₹	8	Inventories for sale or use			274,869.	8	284,899.
	9	Prepaid expenses and deferred charges				9	6,257.
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,196.			
	b	Less: accumulated depreciation		6,425.	4,335.	10c	2,771.
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, line				12	
-	13	Investments - program-related. See Part IV, line				13	
-	14	Intangible assets		686.	14	627.	
-	15	Other assets. See Part IV, line 11		15			
-	16	Total assets. Add lines 1 through 15 (must equ		430,557.	16	435,222	
	17	Accounts payable and accrued expenses			3,742.	17	5,963.
-	18	Grants payable		18			
-	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္က ဒ	22	Loans and other payables to current and forme	r office				
<u> </u>		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5 <u>2</u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			3,742.	26	5,963.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and			
Se		complete lines 27 through 29, and lines 33 ar	nd 34.				
Fund Balances	27	Unrestricted net assets			426,815.	27	429,259.
3a 3a 3	28	Temporarily restricted net assets				28	
ğ 2	29	Permanently restricted net assets		<u></u>		29	
호		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🗌			
		and complete lines 30 through 34.					
ets :	30	Capital stock or trust principal, or current funds			30		
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
; ⊈	32	Retained earnings, endowment, accumulated in				32	
ž ;	33	Total net assets or fund balances			426,815.	33	429,259.
;	34	Total liabilities and net assets/fund balances			430,557.	34	435,222.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	420	6,8	<u> 15.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	429	9,2	<u>59.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	u on a					
	Separate basis, Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?		2b		Х		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20				
	consolidated basis, or both:	e basis,					
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit					
•	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 ((2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **-***2335 BIBLICAL BUSINESS TRAINING, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenue slevied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 1 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Caross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions)	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subteact line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 15 If strift five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		membership fees received. (Do not						
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or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 Tirst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization without charge through 3 and the organization without charge through 3 and the organization without charge through 3 and the organization by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the organization included on lin		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 943, 489 • 103, 453 • 590, 813 • 412, 150 • 423, 490 • 2, 473, 395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		the organization without charge						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,810,502. 6 Public support. Subtract line 5 from line 4 662,893. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 943,489 103,453 590,813 412,150 423,490 2,473,395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	4	Total. Add lines 1 through 3	943,489.	103,453.	590,813.	412,150.	423,490.	2,473,395.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions						
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amount shown on line 11, column (f) 1,810,502. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 943,489 103,453 590,813 412,150 423,490 2,473,395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2,473,395. 11 Total support. Add lines 7 through 10 2,473,395. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		supported organization) included						
column (f) 1,810,502. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 943,489 · 103,453 · 590,813 · 412,150 · 423,490 · 2,473,395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2,473,395. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 943 , 489 • 103 , 453 • 590 , 813 • 412 , 150 • 423 , 490 • 2 , 473 , 395 • 8 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		amount shown on line 11,						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 943,489 103,453 590,813 412,150 423,490 2,473,395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2,473,395. 12 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		column (f)						1,810,502.
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	6	Public support. Subtract line 5 from line 4.						662,893.
7 Amounts from line 4 943,489. 103,453. 590,813. 412,150. 423,490. 2,473,395. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	ction B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	7	Amounts from line 4	943,489.	103,453.	590,813.	412,150.	423,490.	2,473,395.
securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	8	Gross income from interest,						
and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		securities loans, rents, royalties,						
activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		and income from similar sources						
business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	9	Net income from unrelated business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		activities, whether or not the						
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assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 , 473 , 395. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	10	Other income. Do not include gain						
Total support. Add lines 7 through 10 2,473,395. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		assets (Explain in Part VI.)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	11	Total support. Add lines 7 through 10						2,473,395.
organization, check this box and stop here	12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
organization, check this box and stop here Section C. Computation of Public Support Percentage	13		-			-		
Section 6. Computation of Public Support Percentage	800	organization, check this box and stor	here	roontogo				<u></u> ▶∟⊥
					. (0)			26 90 %
								00 50
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	16a							
stop here. The organization qualifies as a publicly supported organization • 23.1/29/ support test. 2016. If the exempiration did not check a heaven line 12 or 15 o and line 15 is 23.1/29/ or more check this heaven.	h							
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	Ь							
and stop here. The organization qualifies as a publicly supported organization 170 10% facts and sireumstances test. 2017 If the examination did not shock a box on line 12, 16e and line 14 in 10% or more	170							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	17a		•					•
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	h							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	O		•				•	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		,		•				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
H	•		
Т	2		
	3a		
L	3b		
	_		
H	3с		
	4a		
H	4a		
	4b		
L	4c		
	5a		
-	Ja		
	5b		
T	5c		
	_		
H	6		
	7		
	8		
	9a		
	0.		
	9b		
	9с		
	30		
	10a		
	10b		

Pa	t IV Supporting Organizations (continued)			
	(Softmass)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	- Lago C
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
		·	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	С.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
_	Гуссо	a from 2017			

Schedule A (Form 990 or 990-EZ) 2017

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: BIBLICAL BUSINESS TRAINING, INC. (BBT) IS INCREASING THE NUMBER OF DONORS THROUGH A RANGE OF ACTIVITIES INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: EMAIL FUNDRAISING CAMPAIGNS, DIRECT APPEAL DURING TRAINING MEETINGS WITH BBT SMALL GROUP LEADERS AND PARTICIPANTS, LEADERSHIP COACHING OF BBT GROUP LEADERS, BBT PORTAL "POP-UP" CAMPAIGNS, APPEALS IN BBT PROMOATIONAL AND TRAINING MATERIALS, AS WELL AS, YEAR-END FUNDRAISING CAMPAIGNS. THEY HIRED AN EXECUTIVE DIRECTOR IN JUNE 2017 TO OVERSEE THESE EFFORTS. PUBLIC SUPPORT IS MADE MORE CONVENIENT TO THE GENERAL PUBLIC AND THOSE LEADING AND PARTICIPATING IN BBT SMALL GROUPS THROUGH THE BBT PORTAL'S DONATION SYSTEM. ADDITIONALY, BBT IS COMPLETING A NEW BOOK PROJECT TITLE "LEADERSHIP BY THE GOOD BOOK." THE AUTHORS HAVE ASSIGNED THEIR OWNERSHIP RIGHTS OF THIS BOOK TO BBT AND THE BOOK FULLY SUPPORTS BBT'S MISSION TO HELP PEOPLE APPLY BIBLICAL PRINCIPLES AT WORK. THEREFORE, ALL REVENUE (E.G., ADVANCES, ROYALTIES, ECT.) FROM THE BOOK WILL BE PROGRAM REVENUE AND WILL GO DIRECTLY TO SUPPORT AND GROW BBT. WITH THIS ADDITIONAL PROGRAM REVENUE, BBT EXPECTS TO PASS THE PUBLIC SUPPORT TEST IN 2018.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization Employer identification number

BIBLICAL BUSINESS TRAINING, INC.

-*2335

Organiz	ation type (check o	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BIBLICAL BUSINESS TRAINING, INC.

Employer identification number **-***2335

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Art Historical Tracquires or (Other Cimilar Assets
Pai	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			> \$
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1		. Φ
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

732051 10-09-17

Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a sig	nificant use c	of its collection	on items
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	ams			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how th	nev further t	he organizat	ion's exem	npt purpose ir	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							t IV, line 9, c	
	reported an amount on Form 990, Par	t X, line 21.		_					
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?							. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amoui	nt
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	n provided or	Part XIII			🔲
Pai	T V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10	0.		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three years b	back (e) Fou	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses		ation tha	at are held a	and administe	ered for th	e organizatior	1	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?)			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.					
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	D, Part X, I	ine 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated	(d) Boo	ok value
		basis (investr	ment)	basis	(other)	depi	reciation		
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				9,196.		6,425.		2,771.
e	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line	10c.)				2,771.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BIBLICAL BUS	SINESS TRAII	NING, INC.	**.	-***2335 Pag
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				-£
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valu	ation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
	an Farma 000 Dark IV II		ut V. line 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, II (b) Book value			-of-year market value
	(b) Dook value	(C) Method of Valu	ation. Oost of end	-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tetal (Col. (b) must equal Form 000, Port V. col. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV li	ing 11d Sag Form 900 Pa	urt V lino 15	
	Description	ille TTu. See Follif 990, Fa	11 A, III le 13.	(b) Book value
	200011011			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities.	. 10.)			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ine 11e or 11f See Form 9	90 Part X line 25	
1. (a) Description of liability	1	(b) Book value	00,1 41171, 1110 20.	
(1) Federal income taxes		.,		
(2)				
(3)				
(4)				
(5)				
(6)				
\ /	1			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7) (8)

Pai	rt XI Reconciliation of Revenue per Aud	ited Financial Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited fil	nancial statements	1	
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but	not on line 1:		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fo			
Pai	rt XII Reconciliation of Expenses per Auc	-	ises per Return.	
	Complete if the organization answered "Yes" or			
1	Total expenses and losses per audited financial states	ments	1	
2	Amounts included on line 1 but not on Form 990, Part	: IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but n	1 1		
а	Investment expenses not included on Form 990, Part	VIII, line 7b 4a		
b		4b		
	Other (Describe in Part XIII.)	4b	4c	
c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal to			
c 5 Pa i	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal of the triangle of trian	Form 990, Part I, line 18.)	5	
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal of the triangle of trian	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	l,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	Ί,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	1,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,
5 Pa l Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal in the XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9	Form 990, Part I, line 18.) 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	5	11,

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BIBLICAL BUSINESS TRAINING, INC.

Employer identification number **-***2335

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONSHIP WITH CHRIST, AND EXPAND GOD'S KINGDOM THROUGH THEIR LEADERSHIP. FAITH FOR WORK - LEADERSHIP FOR LIFE!

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: UNITED STATES, AND HAS SUPPORTED GROUPS IN GREAT BRITAIN, COSTA RICA, SOUTH AFRICA, AND RWANDA. THESE GROUPS ARE HELPING AN ESTIMATED 4,300+ MEN AND WOMEN. BBT IS ACTIVELY RECRUITING ADDITIONAL GROUP LEADERS TO START ADDITIONAL BBT GROUPS.

FORM 990, PART VI, SECTION A, LINE 2:

TWO OF THE BOARD MEMBERS, BRANDON MANN AND DAVID STEWARD ARE CO-OWNERS OF ANOTHER ORGANIZATION. ONE OF THE BOARD MEMBERS, SCOTT GLOVER IS AN EMPLOYEE OF ANOTHER BOARD MEMBER (BRANDON MANN)'S ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO SUBMISSION, THE IRS FORM 990 AND ALL SCHEDULES OR EXHIBITS THERETO SHALL BE REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS AND THE CHIEF EXECUTIVE OFFICER. THE IRS FORM 990 MAY BE FILED ONLY UPON PRESENTATION TO AND APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN ANNUALLY A STATEMENT WHICH AFFIRMS SUCH PERSONS: A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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Name of the organization **Employer identification number** **-***2335 BIBLICAL BUSINESS TRAINING, INC. B) HAS READ AND UNDERSTANDS THE POLICY; C) HAS AGREED TO COMPLY WITH THE POLICY; D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF IT'S TAX-EXEMPT PURPOSES. IN ADDITION, PERIODIC REVIEWS OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WILL BE CONDUCTED. FORM 990, PART VI, SECTION B, LINE 15: A SALARY COMPARISON AND/OR SURVEY WILL BE USED TO BENCHMARK COMPENSATION FOR THE POSITION(S). THE COMPENSATION COMMITTEE WILL DETERMINE THE RELEVANT MARKET DATA FOR THE PRINCIPAL POSITIONS BY OBTAINING RELIABLE AND COMPARABLE DATA FROM PUBLISHED SURVEYS OF BOTH TAX-EXEMPT AND FOR-PROFIT COMPANIES FOCUSING ON DATA FROM COMPARABLY ORGANIZED INSTITUTIONS WITH SIMILARLY SIZED BUDGETS. MARKET INFORMATION FROM PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS SUCH AS GUIDESTAR, INDUSTRY SPECIFIC REPORTS AND OTHER STUDIES, PRIVATE FOUNDATIONS, MARKET SEGMENTS AND OTHER PUBLISHED SURVEY DATA MAY BE USED AS GUIDANCE. THIS DATA WILL BE USED TO FORM A MARKET COMPOSITE TO ASSESS THE COMPETITIVENESS OF COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99)

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

Business or activity to which this form relates Name(s) shown on return

Identifying number

RTI	<u>BLICAL BUSINESS TRA</u>	INING, IN	iC.	FORM	990	PAGE 10		**-***2335
Pa	rt Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	any listed	d property	, complete Part	V before y	
1 N	Maximum amount (see instructions)						1	510,000.
2 7	Total cost of section 179 property place	ced in service (see	instructions)				2	
3 7	Threshold cost of section 179 propert	y before reduction	in limitation				3	2,030,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0				4	
5 D	Dollar limitation for tax year. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing separa	tely, see ins	tructions		5	
6	(a) Description of p	roperty	(b) Cos	t (business	use only)	(c) Elected	cost	
7 L	Listed property. Enter the amount fror	n line 29			7			
8 7	Total elected cost of section 179 prop	erty. Add amounts	s in column (c), lines	6 and 7 _.			8	
9 1	Tentative deduction. Enter the smalle	r of line 5 or line 8					9	
	Carryover of disallowed deduction from							
11 E	Business income limitation. Enter the	smaller of busines	s income (not less th	an zero) (or line 5		11	
12 5	Section 179 expense deduction. Add	lines 9 and 10, but	t don't enter more th	an line 11	l <u></u>		12	
	Carryover of disallowed deduction to 2				▶ 13			
	e: Don't use Part II or Part III below for	r listed property. Ir	nstead, use Part V.					
Pa	rt II Special Depreciation Allow	ance and Other D	epreciation (Don't	nclude lis	sted prope	erty.)		
14 5	Special depreciation allowance for qua	alified property (ot	her than listed prope	rty) place	ed in servi	ce during		
t	the tax year						14	
15 F	Property subject to section 168(f)(1) e	lection					15	
	Other depreciation (including ACRS)						16	
Pa	rt III MACRS Depreciation (Don'	t include listed pro	perty.) (See instruct	ons.)				
			Section A					
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning befor	e 2017 .			17	1,564.
	f you are electing to group any assets placed in se	rvice during the tax year	into one or more general as	set account	s, check here	<u>,</u> ▶ □	j	-
	f you are electing to group any assets placed in se	rvice during the tax year s Placed in Service	into one or more general as	set account Year Usi	s, check here	<u>,</u> ▶ □	j	-
	f you are electing to group any assets placed in se	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	-
	f you are electing to group any assets placed in se Section B - Assets	rvice during the tax year S Placed in Service (b) Month and	into one or more general as ce During 2017 Tax (c) Basis for deprecia	Year Usi	s, check here	eneral Deprecia	ntion Syst	em
	f you are electing to group any assets placed in se Section B - Assets	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	em
18 If	f you are electing to group any assets placed in se Section B - Asset: (a) Classification of property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	em
18 If 19a b c	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	em
18 if	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	em
18 If 19a b c	f you are electing to group any assets placed in see Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery	eneral Deprecia	ntion Syst	em
19a b c	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery period	eneral Deprecia	tion Syst (f) Method	em
19a b c d e	f you are electing to group any assets placed in see Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery period	eneral Deprecia (e) Convention	(f) Method	em
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery period 25 yrs. 27.5 yrs.	eneral Deprecia (e) Convention	stion Syst (f) Method S/L S/L	em
19a b c d e f g	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	eneral Deprecia (e) Convention MM MM	s/L S/L S/L	em
19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment	Year Usi	s, check here ng the Ge (d) Recovery period 25 yrs. 27.5 yrs.	eneral Deprecia (e) Convention MM MM MM	S/L S/L S/L	em
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property	rvice during the tax year s Placed in Servic (b) Month and year placed in service / / / / /	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	rvice during the tax year s Placed in Servic (b) Month and year placed in service / / / / /	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	rvice during the tax year s Placed in Servic (b) Month and year placed in service / / / / /	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	rvice during the tax year s Placed in Servic (b) Month and year placed in service / / / / /	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs. g the Alter	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c	f you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	rvice during the tax year s Placed in Servic (b) Month and year placed in service / / / / /	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Par	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general as ce During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	set account Year Usi ion use is)	25 yrs. 27.5 yrs. 39 yrs. g the Alter	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year TIV Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general as Ee During 2017 Tax (c) Basis for deprecia (business/investment only - see instructio	ear Usin	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Pan 21 L 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year TIV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service / 4 2 4 2 4 2 4 4 4 5 6 6 6 6 7 6 7 8 6 7 8 8 8 8 8 8 8 8 8 8 8 8	into one or more general as the During 2017 Tax (c) Basis for deprecia (business/investment only - see instruction) During 2017 Tax Y The During 2017 Tax Y	ear Using	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 1 E	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year **T IV Summary** (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate line	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service / 2 4 14 through 17, lir s of your return. P	into one or more general as the During 2017 Tax (c) Basis for deprecia (business/investment only - see instruction) During 2017 Tax Y During 2017 Tax Y	ear Using mn (g), a	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs.	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L	em (g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 T E 23 F	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year TIV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service / 2 14 through 17, lires of your return. Por service during the service during	into one or more general as the During 2017 Tax (c) Basis for deprecia (business/investment only - see instruction) During 2017 Tax Y During 2017 Tax Y artherships and S core current year, enter	ear Using min (g), a prporation the	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs. and line 21 is - see in:	eneral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L	em (g) Depreciation deduction

716251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

Form 4562 (2017)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

	Note: For any v							r dedu	ucting leas	e exper	se, com	plete on	ily 24a, 2	24b, colu	mns	
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)																
24a Do you have evidence to support the business/investment				nt use claimed?		Y	Yes No		24b If "Y	es," is th	ne evide	nce written?		Yes	No	
Ti (li	(list vehicles first) placed in investm		(c) Business/ investment use percentag	l ot	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and																
used more than 50% in a qualified business use																
26 Pro	perty used more that	n 50% in a c	ualified busine	ess use:												
		: :	9	6												
		: :	9	6												
		: :	9	6												
27 Property used 50% or less in a qualified business use:																
	+ · · · · +			6						S/L -						
		: :		6						S/L -						
		: :	·	6						S/L -	_					
	d amounts in column										_					
29 Add	d amounts in column	(i), line 26. E			7, page 1 3 - Info rr								. 29			
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.																
				(a)		(b)			(c)		(d)		(e)		(f)	
	Total business/investment miles driven during the			Vehicle		Vehicle		V	Vehicle		Vehicle		Vehicle		Vehicle	
year (don't include commuting miles)																
31 Total commuting miles driven during the year \dots																
32 Tota	al other personal (no	ncommuting) miles													
	en															
	al miles driven during															
Add lines 30 through 32																
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No		
during off-duty hours?							-		_							
35 Was the vehicle used primarily by a more																
than 5% owner or related person? 36 Is another vehicle available for personal																
		•														
use?																
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.															5%	
37 Do	you maintain a writte	n policy stat	tement that pr	ohibits a	ıll person	al use o	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No	
emp	ployees?															
employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your																
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners																
39 Do you treat all use of vehicles by employees as personal use?																
40 Do you provide more than five vehicles to your employees, obtain information from your employees about																
the use of the vehicles, and retain the information received?																
41 Do you meet the requirements concerning qualified automobile demonstration use?														<u> </u>		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.																
Part '			<u> </u>	/b\	1	1,,1		_	/ =N		1-1	- 1		(£)		
(a) Description of costs Date			(b) amortization		Amortizat			(d) Code		(e) Amortization Ar		(f) nortization				
42 Amortization of costs that begins during your 201			begins	<u> </u>	amount			section		period or per		fc	r this year			
42 Am	orτization of costs the	at begins du	iring your 2017	tax yea	ar:											
				<u>: :</u>				+		-+		-+				

Form 4562 (2017)

43

44

43 Amortization of costs that began before your 2017 tax year

44 Total. Add amounts in column (f). See the instructions for where to report