

e-Postcard Worksheet

Form 990-N

2016

For calendar year 2016, or tax year beginning , and ending

| | |
|---|---|
| Name BIG BROTHERS BIG SISTERS OF GREATER SALT LAKE FOUNDATION | Employer Identification Number 87-0488391 |
|---|---|

Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.

The following items are required for a complete electronic submission:

- 1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **87-0488391**
- 2. Tax year **2016**
- 3. Legal name of organization **BIG BROTHERS BIG SISTERS OF GREATER SALT LAKE FOUNDATION**
Mailing street address **2121 S. STATE ST. #201**
City or foreign province **SALT LAKE CITY**
State or foreign country code **UT**
Zip code **84115-2721**
- 4. Any other names the organization uses (Doing Business As)
- 5. Principal officer name **NANCY WINEMILLER BASINGER**
Mailing street address **2121 S. STATE ST. #201**
Street address line 2
City or foreign province **SALT LAKE CITY**
State or foreign country code **UT**
Zip code **84115-2721**- 6. Web site address if the organization has one **WWW.BBBSU.ORG**
- 7. Organization's annual gross receipts are normally \$50,000 or less **X**
- 8. Organization is terminated or in the process of termination

| | | |
|---|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2015 & 2016 |
| For calendar year 2016, or tax year beginning _____, ending _____ | | |

Name **BIG BROTHERS BIG SISTERS OF GREATER SALT LAKE FOUNDATION** Taxpayer Identification Number **87-0488391**

| | | 2015 | 2016 | Differences |
|--------------------------|--|------------|--------------|---------------|
| Revenue | 1. Contributions, gifts, grants | 1. | | |
| | 2. Membership dues and assessments | 2. | | |
| | 3. Government contributions and grants | 3. | | |
| | 4. Program service revenue | 4. | | |
| | 5. Investment income | 5. | 8,592 | -8,592 |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | |
| | 8. Net income or (loss) from fundraising events | 8. | | |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 8,592 | -8,592 |
| Expenses | 13. Grants and similar amounts paid | 13. | | |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | | |
| | 16. Salaries, other compensation, and employee benefits | 16. | | |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. | 1,766 | -1,766 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | | |
| | 20. Depreciation and Depletion | 20. | | |
| | 21. Other expenses | 21. | | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 1,766 | -1,766 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 6,826 | -6,826 |
| Other Information | 24. Total exempt revenue | 24. | 8,592 | -8,592 |
| | 25. Total unrelated revenue | 25. | | |
| | 26. Total excludable revenue | 26. | 8,592 | -8,592 |
| | 27. Total assets | 27. | 163,729 | -163,729 |
| | 28. Total liabilities | 28. | | |
| | 29. Retained earnings | 29. | 163,729 | -163,729 |
| | 30. Number of voting members of governing body | 30. | 3 | |
| | 31. Number of independent voting members of governing body | 31. | 2 | |
| | 32. Number of employees | 32. | 0 | |
| | 33. Number of volunteers | 33. | | |

Form 990 | **Tax Return History** | **2016**

Name: **BIG BROTHERS BIG SISTERS OF GREATER SALT LAKE FOUNDATION** | Employer Identification Number: **87-0488391**

| | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------------------|------|------|------|--------------|------|------|
| Contributions, gifts, grants | | | | | | |
| Membership dues | | | | | | |
| Program service revenue | | | | | | |
| Capital gain or loss | | | | | | |
| Investment income | | | | 8,592 | | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | | | |
| Total revenue | | | | 8,592 | | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | | | |
| Professional fees | | | | 1,766 | | |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | | | | | |
| Other expenses | | | | | | |
| Total expenses | | | | 1,766 | | |
| Excess or (Deficit) | | | | 6,826 | | |
| Total exempt revenue | | | | 8,592 | | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | | | 8,592 | | |
| Total Assets | | | | 163,729 | | |
| Total Liabilities | | | | | | |
| Net Fund Balances | | | | 163,729 | | |

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20

2016

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

BIG BROTHERS BIG SISTERS OF UTAH

Employer identification number

87-0336168

Name and title of officer

**NANCY WINEMILLER BASINGER
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | | |
|----|---|---|--|----|------------------|
| 1a | Form 990 check here ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>1,889,867</u> |
| 2a | Form 990-EZ check here ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | _____ |
| 3a | Form 1120-POL check here ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a | Form 990-PF check here ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | _____ |
| 5a | Form 8868 check here ▶ <input type="checkbox"/> | b | Balance Due (Form 8868, line 3c) | 5b | _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LARSON & COMPANY, PC to enter my PIN 10655 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Nancy Winemiller-Basinger Date ▶ 10/31/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87196323456
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RICHARD SCORESBY, CPA Date ▶ 10/31/17

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)