		-‰ 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					0	OMB No 1545 0687						
			For calendar year 2016 or other tax year beginning			4 1									
			1	, · · · ·	instructions is available at www.irs.gov/form9			m990t	,						
	Depa	irlment of the Treasury nal Revenue Service	1	enter SSN numbers on this form as i				•			blic Inspection for rganizations Only				
	A [Check box if address change	vice E	mployees' tr	ntification number rust see										
	В	Exempt under section	in	instructions)											
		A 501(C)(03)				Tame changed and see instructions ESTERS nternal Revenue Se COUNTIES - Received				23-7072557					
		408(e) 220((e) Type	417 TAYLOR ST. JOLIET, IL 60435					E c	nrelated bus odes (See in	siness activity istructions)				
		408A	(a)	DOLLET, IL 60433			SEP 0	3 2020	1						
									!	541800					
	C	Book value of all assets at and of year		F Group exemption number (See instructions) ► G Check organization type											
		1,546,787			J 501 (c	corporation	<u>)rlan@1</u>	Kanki, IL	401(a)	trust	Other trust				
	H	Describe the organiz BUS BENCH RE		ry unrelated business activity											
	1	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No													
		The books are in care	111011	AEL TRAFTON			Т	elephone nur	nber► 8]	L5-723	-2227				
	Pa	rt 🔯 Unrelated	d Trade or E	Business Income		(A) Inc	ome	(B) Expe		· (C) Net				
	1	a Gross receipts or	sales	<u> </u>			•								
		b Less returns and allowa		c Balance►	1 c				作的基础。						
	2	, -			2					36999	ARAD SILVER				
)	3	•			3				PH4700442		•				
		a Capital gain net in	•	· · · · · · · · · · · · · · · · · · ·	4a			West Towns As an	CELLED S						
)		b Net gain (loss) (Form 4	•	•	4b 4c			36. (Chia. 3. 3. 3. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE OF THE STATE	*					
)	5	c Capital loss deduction income (loss) from		and S corporations	40			5 40 CO 40 CO 44 C	(1000) The 1000 of 1000	\$					
		(attach statement))		5			ALC: NO.							
•	6	•	-	. <u>.</u> <u>.</u> .	6										
_	7			•	7			,							
\	8	• •		om controlled organizations (Schedule F)	8										
΄.	9 10), (9), or (17) organization (Schedule G)	10						•				
)	10 11	Exploited exempt Advertising income	-		11					ļ					
/	12				''				the Contract						
_			o mon actions,	SEE STATEMENT 1	12	١ ,	1 <u>0,350.</u>				10,350.				
	13	Total. Combine lin	nes 3 through		13	7	10,350.	The cold Control of the cold	0 -	`	10,350.				
5	Pa	rt II Deductio	s) (Exc	ept for	207000.										
7				ions must be directly cor		ed with the	unrelate	ed busines:	s incom	e)					
7	. 14	•	•	ors, and trustees (Schedule K)					14						
	15	-	Salaries and wages						15	<u> </u>	+				
>	16	•	Repairs and maintenance						16	1					
	17 18		rhodulo)						17	ļ .					
	19		-						19						
	20			structions for limitation rules)			• •		20	-					
	21		•	•		1	21		G-95 053						
のころをあること	22			chedule A and elsewhere on re	turn		22a		22b						
J	23			•					23						
	24								24	·					
	25	Employee benefit	programs				25								
	26	Excess exempt ex	Excess exempt expenses (Schedule I)												
	27		•	•			CFF (יא ארא אראי מרא אראר אראי	Γ 2 27	ļ					
	28	Other deductions (attach schedule) SEE STATEMENT							28 28 29	 	3,052.				
	29 30	Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.								· · · · · · ·	3,052. 7,298.				
	31			nited to the amount on line 30)			23		30 30 31						
	32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30							21134		7,298.				
	33					20 33		1,000.							
	34		Jurelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32							<u> </u>	6,298.				
	BAA	A For Paperwork Re	eduction Act N	lotice, see instructions.		IE	_AUZUSL U9 /1	סויכ	38	⊢orn	n 990-T (2016)				

Forn	n 99 0-1	T (2016) BIG BROTHERS BIG SISTERS	23	-7072557	P	age 2
		Tax Computation				
		inizations Taxable as Corporations. See instructions for tax computation				
	-	rolled group members (sections 1561 and 1563) check here See instructions and				
á	a Enter	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) \$	(2) \$ (3) \$	-			
ı	Enter	r organization's share of (1) Additional 5% tax (not more than \$11,750)				
		dditional 3% tax (not more than \$100,000)		1		
	Incon	me tax on the amount on line 34	>	35 c	9	45.
36	Trust	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		-		
	on lin	ne 34 from Tax rate schedule or Schedule D (Form 1041)	▶	36		
37	Prox	y tax. See instructions	▶	37		
38	-	native minimum tax		38		
39	Tax o	on Non-Compliant Facility Income. See instructions	_	39		
40	Total	I. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	45	40	9	45.
		Tax and Payments		' } 		
		ign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		· · · · · ·		
		r credits (see instructions)		 		
		eral business credit Attach Form 3800 (see instructions) 41 c		i		
				- I		
				4) e		^
		I credits. Add lines 41a through 41d ract line 41e from line 40		40 0		945.
		r taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	4			145.
43		Other (attach schedule)	પછ			
44		I tax. Add lines 42 and 43	ùΩ	44		945.
		nents A 2015 overpayment credited to 2016	225			745.
		estimated tax payments	335.	1 1		
		deposited with Form 8868 45c	1,665.	-		
		· · · · · · · · · · · · · · · · · ·	}			
		sup withholding (see instructions) 45e		1		
		it for small employer health insurance premiums (Attach Form 8941) 45f		! !		
,	_	r credits and payments		-		
		Form 4136 Other Total ► 45 g		- 1		
46		payments. Add lines 45a through 45g	. \Box	46	2,0	<u> </u>
47		nated tax penalty (see instructions) Check if Form 2220 is attached	▶ ∐	47	 	
48	Tax d	due. If line 46 is less than the total of lines 44 and 47, enter amount owed	محرم	48		
49	Over	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	55.	49	1,0	<u>)55.</u>
, 50	Enter	r the amount of line 49 you want. Credited to 2017 estimated tax > 1,055.	Refunded 🟲	50		0.
Pai	τV	Statements Regarding Certain Activities and Other Information (see instru	uctions)			
51	At an	ly time during the 2016 calendar year, did the organization have an interest in or a signature or other	er authority ov	rei a	Yes	No
	finan	icial account (bank, securities, or other) in a foreign country? If YES, the organization may have to	o file FinCEN	Form 114,		i
		ort of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country he				X
52		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or ti		a foreign trust?	\vdash	X
JŁ		S, see instructions for other forms the organization may have to file	dissictor to,	a foreign trast		
53		the amount of tax-exempt interest received or accrued during the tax year > \$	0			
	Litter		O.	of my knowledge and		ì
Sig	n	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements belief, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any			
Her		Clivitini W Mulauo PRESIDENT		May the IRS discuss the preparer shown I	this return selow (see	n with
	_	Signature of officer Linance Fale Title		instructions)?	Yes	No
		Print/Type preparer's name Preparer's signature Date	Chook D.	PTIN		
Pai		1 13 11	Check If		0.0	
Pre		TAWNYA MACK TAWNYA MACK 4/06/17	self employed	P012740		
par		Firm's name MACK & ASSOCIATES, PC	Firm s EIN	27-354456	<u>/</u>	
Use		Firm's address 116 E WASHINGTON ST STE ONE	_		_	
Onl		MORRIS, IL 60450-2286	Phone no	(815) 94		
BAA		TEEA0202L 09/19/16		Form	990-T (2	016)