ئ <u>و</u>			EXTENDED TO NOVE	EMBE	R 15, 2018			
Form	990-T	l E	xempt Organization Bus			ax Return		OMB No 1545 0687
FUITI		_	(and proxy tax unde					
	(C2 c	Eor cal	lendar year 2017 or other tax year beginning	J. J.				2017
	(5.5.6	For Ca			and ending	-4	-	ZU 11
	tment of the Treasury		Go to www.irs gov/Form990T for in					Open to Public Inspection for
	al Revenue Service		Do not enter SSN numbers on this form as it may			thun is a surfuj(s)		501(c)(3) Organizations Only eyer identification number
Α	Check box if address changed		Name of organization (Check box if name c		and see instructions)		(Emple	oyees' trust, see
		-	BIG BROTHERS BIG SISTER	RS				·
	kempt under section	Print	OF EASTERN MISSOURI					3-0669085
X] 501(c)(3()) \	Type	Number, street, and room or suite no. If a P O. box	,				ited business activity codes instructions)
] 408(e)220(é)	1,700	501 NORTH GRAND BLVD.,					
	408A530(a)		City or town, state or province, country, and ZIP or	r foreigi	n postal code			
	529(a)		ST LOUIS, MO 63103				531	120
C Boo	ok value of all assets end of year		F Group exemption number (See instructions.)	<u> </u>			_	
	21,487,2		G Check organization type ► X 501(c) corp			401(a)	trust	Other trust
H De	scribe the organization	n's prim	ary unrelated business activity. > RENTAL	OF !	501 NORTH GI	RAND BLVD.	,	
I Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [Ye	s X No
lf "	Yes," enter the name a	and iden	tifying number of the parent corporation.					
			<u>CLAIRE REBECCA JAMES-HA'</u>	TTEF	R Teleph	one number 🕨 3	14-	361-5900
_. Pa	rt付款 Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es				Secretary of	100	Private States
b	Less returns and allo	wances	c Balance ▶	1c	<u></u>	[劉潔法數: 建於	30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Cost of goods sold (S	Schedule	A, line 7)	2		经营业 中	35.57	A STATE OF THE STA
3	Gross profit. Subtract	t line 2 fi	rom line 1c	3		"母於不是我	40.00	
4 a	Capital gain net incon	ne (attac	h Schedule D)	4a		大学は大学 あいごう	3 13	
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	Capital loss deduction			4c		增加的影响。		
5	Income (loss) from p	artnersh	ips and S corporations (attach statement)	5		25.	海激	
	Rent income (Schedu		,	6	155,226.	242,2		-87,030.
	Unrelated debt-finance		ne (Schedule F)	7	·	•		, , , , , , , , , , , , , , , , , , ,
			and rents from controlled organizations (Sch. F)	8				
			on 501(c)(7), (9), or (17) organization (Schedule G)	9				
	Exploited exempt acti			10				·
11	Advertising income (S	•	· ·	11				
12	Other income (See in		'	12		~ (~) . (to 1)		
	Total. Combine lines		•	13	155,226.	242,2		-87,030.
			ot Taken Elsewhere (See instructions for			212,2	<u> </u>	01,0001
3. 12.			utions, deductions must be directly connected			income)		
14			·			,	14	
, 15	Salaries and wages	iccis, ui	rectors, and trustees (Schedule K) RECEI	VE	D \mathcal{A}		15	
5 16	Repairs and mainten	nance					16	
17	Bad debts	ianoc	SEP 2 4	1 204			17	
5 1/ ₁₈	Interest (attach sche	dula)	[6] 21.1 % 4	201	် ကြ		18	
19	Taxes and licenses	uule)	<u> </u>		ـــا <u>ش</u> ا		19	
_		one (Co	e instructions for limitation rules) OGDE	vi i l	7 -		20	
20	Depreciation (attach	•	The state of the s	enrilaza .	21		20	
21			n Schedule A and elsewhere on return		22a		22b	
22	·	aimeu oi	i Schedule A and eisewhere on return		[228]			
23	Depletion						23	
24	Contributions to def		inpensation plans				24	
25	Employee benefit pro	•	shadula IV				25	
26	Excess exempt expe	•	•				26	
27	Excess readership c	•	•				27	
28	Other deductions (at		·				28	
29	Total deductions A						29	0.
30			ncome before net operating loss deduction. Subtrac-	t line 29		IDMENTS 1	30	-87,030.
31			(limited to the amount on line 30)		SEE STAT	EWENT T	31	07 020
32			ncome before specific deduction. Subtract line 31 fr		30		32	-87,030.
33			y \$1,000, but see line 33 instructions for exceptions				33	1,000.
34		taxable	income . Subtract line 33 from line 32 $$ If line 33 is	greater	than line 32, enter the sn	naller of zero or		00 000
	line 32						34	-87,030.
72370	1 01-22-18 LHA F	or Panei	work Reduction Act Notice, see instructions					Form 990-T (2017)

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

16500910 132842 06597.0000

Part I	Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation.	15.5	
	Controlled group members (sections 1561 and 1563) check here See instructions and	25-62-	: ::
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	A P	
•	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$ \]	3.5	ξ
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	4	:
	(2) Additional 3% tax (not more than \$100,000)	1	.]
	Income tax on the amount on line 34	▶ 35c	
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:	200 200 200 200 200 200 200 200 200 200	
30	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	~~~~
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Partil			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	灣	3
41a b	Other credits (see instructions) 41b	1858	>
	General business credit. Attach Form 3800		1
C	Credit for prior year minimum tax (attach Form 8801 or 8827)		:
d	Total credits. Add lines 41a through 41d	41e	7-
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched		1
44	Total tax Add lines 42 and 43	44	0.
		, " 4.	7
	2017 estimated tax payments Toy deposited with Form 9969		آيا
	Tax deposited with Form 8868 45c		,-
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		%
	Backup withholding (see instructions) 45e		9
f			
9			1
	Form 4136 Other Total ▶ 45g		<u>¥</u>
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want. Credited to 2018 estimated tax Refunded Refunded	> 50	_l
Part \			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		Haland was amount
	here >	`	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	,	
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	1.1	<u> </u>
Sign	Under penetities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledge an	d belief it is true,
Here	1000	May the	IRS discuss this return with
11616	PRESIDENT & CEO		arer shown below (see
	Signature-of officer Date Title	instruction	7 22 700 100
	Print/Type preparer's name Preparer's signature Date Check		TIN
Paid	TAMES D. D.T. Self- empl		D00360010
Prepa	arer DAMES R. RITTS		P00362910
Use (Only Firm's name ► RUBINBROWN LLP (Firm's El	N P	43-0765316
	ONE NORTH BRENTWOOD	/ 2 1	4) 200 2200
	Firm's address ► SAINT LOUIS, MO 63105 Phone no	D. (31	4) 290-3300
			Form 990-T (2017)

Form 990-T (2017) OF EASTERN MISSOURI

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A			
1 Inventory at beginning of year	11		6 Inventory at end of year			6
2 Purchases	2		7 Cost of goods sold Si		ne 6	
3 Cost of labor	3		from line 5 Enter here		art I.	
4a Additional section 263A costs			line 2		, i	7
(attach schedule)	4a		8 Do the rules of section	263A (w	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	•	,	ر در الله المراكبي الله الله الله الله الله الله الله الل
5 Total Add lines 1 through 4b	5		the organization?		io. roduio, appi,	ح بدائده ما مُعَالِمُ مُعَالِمُ المُعَلِّمِ المُعَلِّمِ المُعَلِّمِ المُعَلِّمِ المُعَلِّمِ المُعَلِّمِ ا
Schedule C - Rent Income (F		Property and		easec	With Real Prope	rty)
(see instructions)			, ,		•	•,
Description of property						
(1) 501 NORTH GRAND B	LVD.			_		
(2)						
(3)	-					
(4)						
	2 Rent receive	ed or accrued				
(a) From personal property (if the perce rent for personal property is more th 10% but not more than 50%)	ntage of nan	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions directly or columns 2(a) and SEE STATE	onnected with the income in 2(b) (attach schedule) EMENT 2
(1)			155,2	26.		242,256.
(2)					-	
(3)						
(4)						
Total	0.	Total	155,2	26.		
(c) Total income. Add totals of columns 20 here and on page 1, Part I, line 6, column ((a) and 2(b). En	ter	155,2		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	242,256.
Schedule E - Unrelated Debt		Income (see	instructions)	200	r are i, into o, ooidiim (b)	
	7		2. Gross income from	Ţ	3. Deductions directly conne to debt-financed	
1 Description of debt-final	nced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)	-					
(3)					· · · · · · · · · · · · · · · · · · ·	
(4)					**	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductrons (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%	Π		
(4)			%			
· · · · · · · · · · · · · · · · · · ·				1	nter here and on page 1 Part I line 7, column (A)	Enter here and on page 1, Part I, line 7 column (B)
Totals			_		0.	0.
			▶			
Total dividends-received deductions inc	luded in columi	ı 8	•		>	0.

Form 990-T (2017) OF EASTERN MISSOURI

Schedule F - Interest, A		· · · ·		Controlled Or							
1. Name of controlled organizati	on	2. Employer identification number		Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
(1)						**					
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		ed income (loss) tructions)	9. Total	of specified payn made	nents	10 Part of colu in the controll gros	mn 9 that ing organ s income	is included ization's		ictions directly connected acome in column 10	
(1)											
(2)						•				_	
(3)				•							
(4)											
Totals					•			1 Part I,	Enter her	columns 6 and 11 e and on page 1, Part I, ne 8, column (B)	
Schedule G - Investme		of a Section	on 501(c)(7	'), (9), or (⁻	17) Org	ganization					
(see instr	ription of income			2. Amount of	income	3 Deduction directly connected (attach scheo	ected	4 Set-a	sides	5 Total deductions and set-asides (col 3 plus col 4)	
(1)				 		(attach sched	2010)			(cor 3 pius cor 4)	
(2)				 							
(3)				 							
(4)				-							
Totals			>	Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru	-	tivity Inco	me, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 Gross unrelated busin income fron trade or busine	ess direc	Expenses tly connected n production f unrelated ness income	4. Net incomfrom unrelated business (cominus columi gain compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)											
(2)											
(3)		1			-			-		<u> </u>	
(4)								_			
Totals •	Enter here and page 1, Part line 10, col (/	l, pa	r here and on ge 1, Part I, 10 col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertisir	ng Income			1,0,00,000				700000			
Part/I Income From I	Periodicals	Reported	on a Con	solidated	Basis			_			
1. Name of periodical	adve	Gross ertising come	3 Direct advertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput			6 Reade cost		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)		-		1 1 AT CO	- 5° 4	١(١			3		
(2)						2				14.000	
(3)					135	7				医生物性毒素	
(4)						, a					
(7)				1825 T 3 T 4	m Azř.					<u>である。11.2.3.35分。</u>	
Totals (carry to Part II, line (5))	•	0.	0						1	0 Form 990-T (201	

10/01/16

FORM 990-T	NET	OPERATING L	oss i	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL APPLIED		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	36,103.		0.	36,103.	36,103.
NOL CARRYOV	VER AVAILABLE THIS	YEAR		36,103.	36,103.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 2
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES BUILDING MAINTENA DEPRECIATION DUES INTEREST EXPENSE LEGAL FEES SUPPLIES ADVERTISING TELEPHONE EQUIPMENT REAL ESTATE TAXES SUBSCRIPTIONS PROFESSIONAL FEES CONFERENCE/MEETIN MISCELLANEOUS FEES COST OF GOODS SOI	S NGS				3,697. 10,454. 104,295. 9,254. 0. 11,664. 2,365. 50,975. 668. 23,881. 10,943. 429. 150. 689. 10,965. 372. 1,455.	
		- SUBTOTA	<u> </u>	1		242,256
TOTAL TO FORM 990)-т, schedui	LE C, COLUI	MIN 3			242,256