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| ## Describe the organization is present to the provided of th | | | | | | | | 900 | 099 |
| Bestroke the organization is primary unrelated business activity. ▶ PARTINESHIP INVESTMENT I'Yes, enter the name and identifying number of the parent corporation. ▶ | at end of year | | | | <u> </u> | 504/-> > | 404/->4 | T- | |
| During the tax year, was the corporation a subsidiary man affiliated group or a parent-subsidiary controlled group? Ves X No | | | | | | | | | Other trust |
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| Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 instructions for exceptions) 32 33 34 39 4,230. 32 3,085. 33 3,085. 34 2,085. 35 36 37 38 39 4,230. 39 30 4,230. 30 30 30 30 30 30 30 30 30 | 26 Excess exempt expe | nses (Sche | edule I) | 1 7 | ~ ~ <i>*</i> | 2017 1051 | | | |
| Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 instructions for exceptions) 32 33 34 39 4,230. 32 3,085. 33 3,085. 34 2,085. 35 36 37 38 39 4,230. 39 30 4,230. 30 30 30 30 30 30 30 30 30 | | | • | GE |)Es | (9) | | | |
| Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 instructions for exceptions) 32 33 34 39 4,230. 32 3,085. 33 3,085. 34 2,085. 35 36 37 38 39 4,230. 39 30 4,230. 30 30 30 30 30 30 30 30 30 | 28 Other deductions (a | ttach sched | dule) | | ~ /V, | 117-121 | | 28 | |
| Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 instructions for exceptions) 32 33 34 39 4,230. 32 3,085. 33 3,085. 34 2,085. 35 36 37 38 39 4,230. 39 30 4,230. 30 30 30 30 30 30 30 30 30 | | | • | | - | Z_ *\ | | 29 | |
| Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 3,085. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. 34 2,085. 36 37 38 39 39 39 39 39 39 39 39 39 | 30 Unrelated business | taxable inc | ome before net operating | loss deduction. Subtrac | t line 29 | from line 13 | | 30 | |
| Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. 34 2,085. 35 2,085. 3623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. | 31 Net operating loss d | eduction (I | limited to the amount on | line 30) | | SEE STAT | EMENT 1 | 31 | |
| Unrelated 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 623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. 634 2,085. Form 990-T (2016) | | | | | | 30 | | 32 | |
| line 32 34 2,085. 623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2016) | , | | | · | | | | 33 | 1,000. |
| 623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2016) | | taxable in | come. Subtract line 33 t | from line 32. If line 33 is | greater | than line 32, enter the sn | naller of zero or | | |
| • | | | | | | | | 34 | |
| | 623701 01-18-17 LHA F | or Paperwo | ork Reduction Act Notice | | | | | | Form 990-1 (2016) |

Form 990-T (2016)

P00829977

(314) 290-3300

43-0765316

Paid

Preparer

Use Only

MO 63105

Firm's EIN

Phone no.

KIMBERLY A RYAN

Firm's name ► RUBINBROWN

Firm's address > SAINT LOUIS,

ONE NORTH BRENTWOOD

THE BACKSTOPPERS, INC., F/K/A Form 990-T (2016) POLICEMEN & FIREMEN FUND OF ST. LOUIS 43-6032561

Page 3

| Schedule A - Cost of Goods | Sold. Enter | method of inven | tory va | aluation ► N/A | | | | | |
|---|---------------------------------------|---|----------|---|----------|---|------------------|--|-----------|
| 1 Inventory at beginning of year | 1 | | | Inventory at end of year | r | <u> </u> | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | ine 6 | | | | |
| 3 Cost of labor | 3 | • | 1 | from line 5. Enter here | and in F | Part I, | |] | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | 1 | property produced or a | cquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | 7 | the organization? | • | | | | |
| Schedule C - Rent Income ((see instructions) | From Real | Property and | l Per | sonal Property L | ease | d With Real Prop | erty |) | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | _ | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2 Rent receiv | ed or accrued | | | | | | - | |
| (a) From personal property (if the perc rent for personal property is more 10% but not more than 50%) | entage of than | of rent for p | personal | onal property (if the percentage property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) a | conne nd 2(b) | cted with the income (attach schedule) | ın |
| _(1) | | | | | | | | | |
| (2) | | | | | - | | | | |
| (3) | | | | · | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns there and on page 1, Part I, line 6, column | 2(a) and 2(b). En | ter | | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | • | | 0. |
| Schedule E - Unrelated Deb | | Income (see | ınstru | ctions) | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | 2 | Gross income from | | Deductions directly conto debt-finance | | | |
| 1. Description of debt-fin | anced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deducti (attach schedule | ons e) |
| (1) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | 1 | | | | | ••• | |
| (4) | | | 1 | | | | _ | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | a adjusted basis allocable to inced property h schedule) | • | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable dedu (column 6 x total of 3(a) and 3(b) | columns |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | • | | 1 | % | | | | | |
| (4) | | | | % | | | | | |
| | | | 1 | | | Enter here and on page 1, Part I, line 7, column (A) | | Enter here and on p Part I, line 7, colum | |
| Totals | | | | • | 1 | 0 | | | 0. |
| Total dividends-received deductions in | cluded in colum | n 8 | | • | | 1 | ▶ | | 0. |
| | | ·· - | | | | | | Form 990 | T (2016) |

| Рапе | 4 |
|------|-----|
| raut | - 4 |

| Schedule F - Interest, | Annuities, Hoya | ities, an | | Controlled O | | | tions | (see ins | struction | s) | |
|-------------------------------------|--|--------------------------------|--|---|--|---|-------------|--|----------------------------|---|--|
| 1 Name of controlled organiza | ident | mployer ification mber | | related income e instructions) 4 Total paym | | ments made includ | | Part of column 4 that is uded in the controlling nization's gross income | | Deductions directly connected with income in column 5 | |
| (1) | | | <u> </u> | | | | · · · | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | <u> </u> | | | | | | |
| Nonexempt Controlled Organ | nizations | | | | | | | | | | |
| 7 Taxable Income | Net unrelated inco (see instruction | | 9. Total | of specified payi made | ments | 10 Part of column the controllingross | | | 11. De with | ductions directly connected income in column 10 | |
| (1) | | | <u> </u> | | | | | | | | |
| (2) | | · | | | | | | | | | |
| (3) | | | | | | | | | | · | |
| (4) | | | | | | | | | | <u> </u> | |
| | | | | | | Add colun Enter here and line 8, a | | 1, Part I, | i | id columns 6 and 11 ere and on page 1, Part I, line 8, column (B) | |
| Totals | | | | | | | | 0. | | 0. | |
| Schedule G - Investme | ent Income of a | Section | 501(c)(7 | '), (9), or (| 17) Org | anization | | | | | |
| | tructions) | | | | | | | | | ·• | |
| 1. Des | scription of income | | | 2 Amount of | ıncome | 3 Deduction directly connected (attach schedule) | cted | 4 Set- | asides schedule) | 5 Total deductions and set-asides (col 3 plus col 4) | |
| (1) | _ | | | | | | | | | | |
| (2) | | | | | | | | | _ | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1. Part I, line 9, column (B) | |
| Totals | | | > | | 0. | * | | | | 0. | |
| Schedule I - Exploited (see instr | | y Income | e, Other | Than Adv | ertisin | g Income | | | | | |
| 1 Description of exploited activity | 2. Gross unrelated business income from trade or business | directly of with pro of uni | penses connected oduction related s income | 4. Net incomfrom unrelated business (cominus colum gain, comput through | d trade or olumn 2 n 3) If a e cols 5 | 5. Gross inco from activity is not unrela- business inco | that ted | attribut | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | 1 | | | | | | | | | |
| (4) | | | | | | | | | | - | |
| | Enter here and on page 1, Part I, line 10, col (A) | page 10, | re and on 1, Part I, , col (B) | 4 | · ' | | | - | * | Enter here and on page 1, Part II, line 26 | |
| Totals Schedule J - Advertisi | ing income (see | Instruction | 0. | | | | | | | 0. | |
| | Periodicals Rep | | | solidated | Basis | | | | | | |
| 1 Name of periodical | 2 Gross advertising income | | 3 Direct ertising costs | or (loss) (c col 3) If a g | tising gain tol 2 minus ain, compute hrough 7 | 5 Circula income | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | 1 - | _ | | | ``` | |
| (2) | | | | 7 | | | | - | | , | |
| (3) | | | | _ | | _ | • | | | | |
| (4) | | + | | - | | | | | | , | |
| | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | . | 0. | 0 | | | | | <u> </u> | | 0 . Form 990-T (2016 | |

623731 01-18-17

Form 990-T (2016) POLICEMEN & FIREMEN FUND OF ST. LOUIS 43-60325

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|--|----------------------|--------------------|--|
| (1) | | - | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

| 1 Name | 2. Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|----------|---------------------------------------|---|
| _(1) | | % | |
| (2) | | % | |
| (3) | | % | |
| _(4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2016)

| FORM 990-T | NET | OPERATING LOSS | STATEMENT 1 | |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/15 | 1,145. | 0. | 1,145. | 1,145. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 1,145. | 1,145. |