#T*	L.	11			29	393 21	900404
1995 1995 1995 1995 1995 1995 1995 1995	990-T	Exempt Organizati	on Business tax under sect		_	turn 2009	OMB No 1545-0047
•	ent of the Treasury Revenue Service	For calendar year 2019 or other tax year l ► Go to www.irs.gov/Form ► Do not enter SSN numbers on this f	n990T for instruction	s and	the latest informati	, 20 20 . ion. is a 501(c)(3).	pen to Public Inspection for
<u>A ∟ a</u>	check box if ddress changed	Name of organization (ck box if name changed	and see	instructions)	D Employ	er identification number ees' trust, see instructions)
	pt under section	Print Number, street, and room or suit				7	29-2118440
∐ 40 □ 40	8(e) 220(e) 8A 530(a)	Type City or town, state or province, co		postal	code		tructions)
	9(a) value of all assets d of year	F Group exemption number (Se	e instructions.)				511120
	21,972,219				501(c) trust	401(a) tr	
tra firs tra I Du	de or business at in the blank de or business ring the tax year	s here MAGAZINE SALES space at the end of the previous s , then complete Parts III-V r, was the corporation a subsidiary in a	. If o sentence, complete	nly on Parts	ne, complete Parts is I and II, complet	I-V. If more the a Schedule I	
		e name and identifying number of the	ne parent corporation	on. ►	Telephone n	umber N	C18 442 2205
J Th Part		care of ► MICHAEL HOWELL ed Trade or Business Income			(A) Income	(B) Expenses	618-443-2395 (C) Net
1a	Gross receipt					the state of the second	
b		and allowances	c Balance ►	1c		The state of the s	
2	_	s sold (Schedule A, line 7)		2			THE PARTY OF THE P
3		Subtract line 2 from line 1c		3	· — — · · · · · · · · · · · · · · · · ·	The second secon	
4a		net income (attach Schedule D) s) (Form 4797, Part II, line 17) (attaci		4a 4b			<u> </u>
b	- ·	deduction for trusts	11 FOIIII 4797)	40 4c		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#6
5	•	from a partnership or an S co	orporation (attach			و الله المعالم الماليات	
6	•	(Schedule C)		5 6			
7		bt-financed income (Schedule E) .		7			
8		s, royalties, and rents from a controlled orga		8			
9		me of a section 501(c)(7), (9), or (17) organ	•	9			
10	Exploited exe	empt activity income (Schedule I) .		10			
11	-	ncome (Schedule J)		11/	317,438		
12		e (See instructions; attach schedule))	/12		بارة بالأنتياب المارة الما المارة المارة	**
13		ne lines 3 through 12	· · · /	13	317,438	233,	161 84,277
Part		ons Not Taken Elsewhere (See in ad with the unrelated business inc		ations	s on deductions.)	(Deductions r	nust be directly
14		on of officers, directors, and trustees					4 .
15	Salaries and v		. /			<u> </u>	5
	Repairs and n					<u> </u>	6
1707 7077	Bad debts					📑	17
∟ ∩18	Interest (attac	ch schedule) (see instructions)			<u> </u>	[1	8
₩ 19	Taxes and lice		-	ECE	EIVED		9
>20	Depreciation ((attach Form 4562)		•	- 20 U		***
∑21 22	Less deprecia	(attach Form 4562)	sewhere deturn	1 'N 1	9 2021. S		1b
(L) 22		to deferred compensation plans	. 0	··•. 1	2021.	_	22
23		nefit programs		3DE			24
₹24 ≥ 25		pt expenses (Schedule I)		שעונ	N, UT	⊢	25
¥ 26		ership costs (Schedule J)				<u></u>	
S 27		ions (attach schedule)		•		 	26 84,27°
28						 	8 84,27
29		siness taxable income before net o					9

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29

instructions)

Form 990	T (2019)					Page 2
		otal Unrelated Business Taxable Income				
		unrelated business taxable income computed from all unrelated trade	es or businesses	(see	1 4 1	
	instruct	•		•	32	
		is paid for disallowed fringes			33	
			34			
	Total u	1 6 1				
	-	the sum of lines 32 and 33			35	
		1 7 1				
		ions)			36	
		unrelated business taxable income before specific deduction. Subtract li			37	
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38	
		ted business taxable income. Subtract line 38 from line 37 If line 38 is			1111	
		e smaller of zero or line 37	• • • • •	<u> </u>	\$9	
Part		ax Computation			l do l	
40 41		zations Taxable as Corporations. Multiply line 39 by 21% (0.21) . Taxable at Trust Rates. See instructions for tax computations.			40	·
		punt on line 39 from. Tax rate schedule or Schedule D (Form 1			41	
			•	•		
		ax. See instructions		•	42 43	-
		Noncompliant Facility Income. See instructions		•	44	
45/11	Total	Add lines 42, 43, and 44 to line 40 or 41, whichever applies				
		ax and Payments	_ 	 -	1 40 1	
		tax credit (corporations attach Form 1118; trusts attach Form 1116) .	46a			
		redits (see instructions)	46b			
		business credit Attach Form 3800 (see instructions)	46c			
		or prior year minimum tax (attach Form 8801 or 8827)	46d			
		redits. Add lines 46a through 46d	1		46e	
		et line 46e from line 45			47	
		kes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedu	ıle)	48	
		ax. Add lines 47 and 48 (see instructions)	•		49	
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k			50	·
51a	Payme	nts: A 2018 overpayment credited to 2019	5 a			
b	2019 es	stimated tax payments	51b			
С	Tax de	posited with Form 8868	5 c			
d	Foreign	organizations: Tax paid or withheld at source (see instructions) .	51d			
e	Backup	withholding (see instructions)	51e			
		or small employer health insurance premiums (attach Form 8941) .	51f			
		redits, adjustments, and payments: Form 2439				
	☐ Forn		5 1 g			
52	Total p	ayments. Add lines 51a through 51g			52	
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	▶		53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe	ed	>	54	
	-	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	unt overpaid		55	
		e amount of line 55 you want. Credited to 2020 estimated tax ▶	Refunde	<u>d</u> ▶	56	
Part \	YI S	atements Regarding Certain Activities and Other Information	(see instructions)		<u> </u>	
		ime during the 2019 calendar year, did the organization have an interest				
		inancial account (bank, securities, or other) in a foreign country? If "Yes,				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," ent	er the name of the	e fore	eign coun	try
	here >					
	_	ne tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a	fore	ign trust?	/
		" see instructions for other forms the organization may have to file				
_59		e amount of tax-exempt interest received or accrued during the tax year				0
S:~~	true	penalties of penjury, I declare that I have examined this eturn, including accompanying schedules a Triect, and complete Declaration of preparer (other than taxpayer) is based on all information of which	no statements, and to the preparer has any knowle	e best dge. s	or my knowl	eage and belief, it is
Sign		Val 1/ X Lwell 1/11/21 1 -		<u> </u>		discuss this return parer shown below
Here		re of officer Date Title	racion_			ons)? Yes No
	Signatt		Deta	<u> </u>		DTIN
Paid		Print/Type preparer's name Preparer's signature	- Date - 1-8-2-1		ck 🗹 rf	PTIN
Prepa	arer	DALE L GUEBERT Jac & Mullil	1-8-4		-employed	P00834285
Use (Only	Firm's name DALE L GUEBERT CPA		Firm	's EIN ►	27-1468949

Firm's address ► 140 W MARKET RED BUD IL 62278

Phone no

Sche	dule A—Cost of Goods So	ld. Ent	er method of II	nventory va	aluation >				
1	Inventory at beginning of year	r [·	1	6	Inventory a	at end of year	6		
2	Purchases	- 2	2	7	Cost of g	goods sold. Subtract line			
3	Cost of labor		3		6 from line	5. Enter here and in Part			
4a	Additional section 263A cos	sts			I, line 2		7		
	(attach schedule)	4	a	8	Do the ru	les of section 263A (wit	h respect to Yes No		
b	Other costs (attach schedule)		b		property p	produced or acquired for	resale) apply		
5	Total. Add lines 1 through 4b dule C-Rent Income (Fro		5		to the orga	anization?			
	dule C—Rent Income (Fro instructions)	m Rea	I Property and	d Personal	Property	Leased With Real Pro	perty)		
<u> </u>	nption of property								
(1)						_			
(2)									
(3)									
(4)									
``	2. Re/	nt receive	d or accrued		· · · · · · ·	T			
	om personal property (if the percentage personal property is more than 10% but more than 50%)		(b) From real at percentage of rent 50% or if the rent		operty exceeds	1	connected with the income (2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total			Total	·		(L) T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
(c) Tot	al income. Add totals of columns					(b) Total deductions. Enter here and on page	1,		
here ar	nd on page 1, Part I, line 6, column	(A)				Part I, line 6, column (B)	<u> </u>		
Sche	dule E—Unrelated Debt-F	inance	d Income (see	instructions	s)				
	Description of debt-finance	ced prope	ertv	2. Gross income from or allocable to debt-financed property		Deductions directly connected with or allocable to debt-financed property			
	, , , , , , , , , , , , , , , , , , , ,					(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)						 			
(3)									
(4)									
a	acquisition debt on or	of or a debt-fina	adjusted basis illocable to nced property n schedule)	4 di	column ivided olumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)					%				
(2)					%				
(3)					%				
(4)					%				
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals					>	L			
Total c	lividends-received deductions in	cluded i	n column 8 .	 .		. <u> </u>			

Schedule F-Interest, Ann	uities, Royalties,	Exempt	Controlled	Controlled Org	ganizations (se	e instructi	ons)		
Name of controlled organization	2. Employer identification number	3. Net unre	lated income instructions)		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)									
(4) Nonexempt Controlled Organi		l		<u> </u>					
Nonexempt Controlled Organi.	zations								
7. Taxable Income		B. Net unrelated income (loss) (see instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)							•		
(3)									
(4)									
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)	
Schedule G-Investment	Income of a Sect	ion 501(c)(7), (9),	or (17) Organi	zation (see inst	tructions)			
1. Description of income	2. Amount o		3. direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	s	and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)								·	
(2)									
(3)									
(4)					- "				
Totals	Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B)	
Schedule I - Exploited Exe	empt Activity Inco	ome, Oth	ner Than	Advertising In	icome (see inst	ructions)			
1. Description of exploited activ	2. Gross unrelated	me conn	Expenses directly sected with duction of hrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exper attributat column	ole to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)					· · · · · · · · · · · · · · · · · · ·				
(3)								-	
(4)									
Totals	Enter here and page 1, Part line 10, col (A	I, page	here and on e 1, Part I, I0, col (B)					Enter here and on page 1, Part II, line 25	
Schedule J-Advertising I	ncome (see instruc	rtione)				retinish d	的語。他	<u> </u>	
	eriodicals Repor		Consolio	dated Rasis					
moome rom	criodicais ricpor	ied on a	001130110			<u></u>		.	
1. Name of penodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Reader	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) TRAP & FIELD	311,	288	220,813		233,098	4	02,049		
(2) AVERAGE BOOK	6,	150	12,348		23,454		23,156		
(3)									
(4)		 -						MERCEN SUR	
Totals (carry to Part II, line (5))	▶ 317,	438	233,161	84,277	256,552	4	25,205	84,277	
							F	orm 990-T (2019)	

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 penodical	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 .	317,438	233,161		30.3 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5	361, 3691, 3	84,277
	Enter here and on page 1, Part I, line 11, col (A)				Taribana.	
Totals, Part II (lines 1–5)	317,438	233,161				84,277

Schedule K-Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)