ion 60 2019, and and the public if y	me Tax Returber (1933(e)) 2001 ending 06/30 , 2001 elatest information. your organization is a structions)	6 V	G	B No. 1545-0047 2019 Public Inspection for 3) Organizations On							
2019, and and the public if y	l ending 06/30 , 2 e latest information. your organization is a	20	. –								
and the	l ending 06/30, 2 e latest information. your organization is a	20	. –								
and the	e latest information. your organization is a		open to	Public Inspection f							
public if y	your organization is a	501(c)(3).	Open to	Public Inspection f							
		001(0)(0)		3) Organizations On							
	iu ucuona j	D Emple		entification numbe							
	•			rust, see instructions							
	Print Number, street, and room or suite no If a P O. box, see instructions.										
dructions.		F Linnels		1490371 siness activity code							
408(e) □ 220(e) 408 (a) □ 530(a) Type 400 W. RIVER WOODS PARKWAY City or town, state or province, country, and ZIP or foreign postal code											
postai cot	ae										
											
<u> </u>	7 501(a) trust	101(a)	truct	Other tru							
	= `										
				-							
Paris	and II, complete a	Schedule	IVI TO	r each addition							
											
-	subsidiary controlled	group?.	. ▶	∐ Yes ∐ No							
n. ▶											
				314)733-8070							
$-\!\!+\!\!$	(A) Income	(B) Expense:	5	(C) Net							
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	otract line 28 from l		29								
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	Parts I parent- n. 1c 2 3 4a 4b 4c 5 6 7 8 9 10 11 12 13 ations of	Descrity one, complete Parts I-V Parts I and II, complete a parent-subsidiary controlled n. ► Telephone num (A) Income 1c 2 3 4a 4b 4c 5 6 7 8 9 10 11 12 13 0 ations on deductions.) (Descriptions of the complete and the comp	Describe the onally one, complete Parts I-V. If more to Parts I and II, complete a Schedule parent-subsidiary controlled group? Telephone number (A) Income (B) Expenses 1c 2 3 4a 4b 4c 5 6 7 8 9 10 11 12 13 0 ations on deductions.) (Deductions	Describe the only (or ally one, complete Parts I–V. If more than of Parts I and II, complete a Schedule M for parent-subsidiary controlled group? Telephone number (A) Income (B) Expenses 1c 2 3 4a 4b 4c 5 6 7 8 9 10 11 12 13 0 10 11 12 13 0 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 12 13 10 11 11 11 12 13 10 11 11 12 13 14 15 16 17 18 19 19 10 20 21 21 21 21 21 21 22 23 24 25							

Form 990	D-T_(2019)									Page 2
Part I	∦ To	otal Unrelated Business	Taxable Income							
	Total of	f unrelated business taxable ions)	income computed			es or b	usinesses (see	32	0
33	Amount		33							
	Charital		34							
	Total ur	line								
		the sum of lines 32 and 33		•					35	0
36	Deducti	ion for net operating loss			ore Ja	anuarv	1. 2018 (see	-	
		ions)				,			36	
37	Total of	unrelated business taxable i	ncome before speci	fic deduction. Subt	ract li	ne 36 f	rom line 35		37	0
		deduction (Generally \$1,000	•					•	38	
	Unrelat	37.								
		e smaller of zero or line 37				_			39	0
Part I	V Ta	ax Computation		**			 			
		zations Taxable as Corpora	tions. Multiply line 3	39 by 21% (0.21)				•	40	
41	Trusts	Taxable at Trust Rate	s. See instruction	is for tax comp	outatio	on Inc	come tax	on	539	
	the amo	ount on line 39 from: 🔲 Tax	rate schedule or	☐ Schedule D (Fo	orm 10	041)		▶	41	
42	Proxy t	ax. See instructions .						•	42	
43	Alternat	tive minimum tax (trusts only)							43	
44	Tax on	Noncompliant Facility Inco	me. See instruction	s					44	
45	Total.	Add lines 42, 43, and 44 to lin	e 40 or 41, whichev	er applies					45	0
		ax and Payments								
46a /	Foreign	tax credit (corporations atta)	46a				
			(.//			46b				
		l business credit. Attach Forr		•		46c	<u></u>			
		or prior year minimum tax (at				46d				
		redits. Add lines 46a through	146d ! .						46e	
47		t line 46e from line 45							47	
48		kes Check if from Form 4255			3 LJ	Other (a	ttach schedu	le)	48	
		ax. Add lines 47 and 48 (see							49	
		et 965 tax liability paid from F			mn (k	ì I		٠	50	
	-	nts A 2018 overpayment cred			too	512				
		stimated tax payments	• .	ι.	WU	51b 51c		2,800		
		posited with Form 8868	 			51d				ı
	-	organizations: Tax paid or wood withholding (see instructions	· ·	· · · · ·	•	51e				
	•	or small employer health insu	•			51f				
		redits, adjustments, and pay		·	•					
_	☐ Forn		Other	Total	<u> </u>	51g				
		ayments. Add lines 51a thro							52	2,800
		ed tax penalty (see instruction		220 is attached .			. •		53	
		e. If line 52 is less than the to			nt owe	ed	4.	•	54	
55 /	Overpa	yment. If line 52 is larger tha	n the total of lines 4	9, 50, and 53, enter	r amo	unt ove	erpaid . 0	, ▶	55	2,800
56	Enter the	e amount of line 55 you want.	Credited to 2020 estin	nated tax 🕨			Refunded	▶	56	2,800
Part \	/I S1	tatements Regarding Ce	rtain Activities ar	d Other Informa	tion	(see in	structions	,	'	
		time during the 2019 calenda								
		financial account (bank, secu								
		Form 114, Report of Foreigi	n Bank and Financia	I Accounts. If "Yes	," ent	er the i	name of the	fore	gn cour	itry
	here ►									
	•	he tax year, did the organization			antor c	of, or tra	insferor to, a	foreig	n trust?	
		" see instructions for other fo						-		
_59		ne amount of tax-exempt inte penalties of penury, I declare that I hav					ante and to the	hact -	of my kee	ladge and halist it
Sign		penalties of perjury, I declare that I hav prect, and complete Declaration of prep						dge 💳		
_		May 1/1/11/10		AMOL			-	Ň		discuss this return eparer shown below
Here		ure of officer	Date	ASSISTA Title	NI VP	· UF IA	^			ions)? Yes No
	I Signate	Print/Type preparer's name	Preparer's sig			Da	ite -			PTIN
Paid		Type proparer a name	i reparer s sig	, au C		"			< ∐ ıf mployed	' ' ''
Prepa		Firm's name	l			l		Firm's		1
Use (Only	Firm's name ► Firm's address ►						Phone		

Form 9	90-T (2019)							Page 3		
Sche	dule A-Cost of Goods Sold	Ente	r method of i	nventory v	aluation >					
1	Inventory at beginning of year	1		6	Inventory a	6				
2	Purchases	2		7	Cost of g	oods sold. Subtract line				
3	Cost of labor	3			6 from line	5. Enter here and in Part	<u> </u>			
4a	Additional section 263A costs				I, line 2		7			
	(attach schedule)	4a		8	Do the ru	les of section 263A (with	respect to	Yes No		
b	Other costs (attach schedule)	4b			property p	roduced or acquired for re	esale) apply			
_5	Total. Add lines 1 through 4b	5			to the orga	anization?				
Sche	dule C-Rent Income (From	Real	Property and	d Persona	Property	Leased With Real Prop	perty)			
<u> </u>	instructions)									
	nption of property									
(1)										
(2)										
(3)	<u></u>					 .				
(4)										
	2. Rent re	eceived	or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		To	otal			(b) Total deductions.				
(c) To	tal income. Add totals of columns 2(a) and 2	(b), Enter			Enter here and on page 1,				
here a	nd on page 1, Part I, line 6, column (A)		. ▶			Part I, line 6, column (B) ▶				
Sche	dule E—Unrelated Debt-Fina	ınced	Income (see	instructions	s)					
				2. Gross in	come from or	Deductions directly connected with or allocable to debt-financed property				
Description of debt-financed properties			′	allocable to debt-financed		(a) Straight line depreciation	leductions			
				property		(attach schedule)	(attach schedule)			
(1)										
(2)				<u> </u>	- 					
(3)										
(4)							<u>.</u>			
4. Amount of average acquisition debt on or of or allocable allocable to debt-financed property (attach schedule) 5. Average adjuster of or allocable debt-financed property (attach schedule)			cable to ed property			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 an Part I, line 7,			

Total dividends-received deductions included in column 8

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	j anizations (se	e instruc	ctions)		
1. Name of controlled	2 Employer	Lyempt		J Organizations	1		T -		
organization	2. Employer identification number	3. Net unrelated incor (loss) (see instruction		4. Total of specified payments made	5. Part of colum included in the o organization's gro	controlling	6. Deductions directly connected with income in column 5		
(1)									
(2)						-			
(3)									
(4)			-					· · · · ·	
Nonexempt Controlled Organia	zations	<u> </u>						· · · ·	
7. Taxable income		. Net unrelated income loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)				·	-		+		
(1) (2)							+		
(3)							+	· · · · · · · · · · · · · · · · · · ·	
(4)					 		+-		
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B).	
Schedule G-Investment	Income of a Soci	ion 501/	· · · ·	or (17) Organi	zation (see inst	rustions	1		
Schedule G-Investment		ion au i		. Deductions				otal deductions	
1. Description of income	2. Amount o	2. Amount of income		ctly connected ach schedule)	4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)		
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9, o	column (A).					Enter here and on page 1, Part I, line 9, column (B).		
Schedule I—Exploited Exe	empt Activity Inc	ome, Otl	her Than	Advertising In	come (see inst	ructions)		
Description of exploited activ	2. Gross unrelated business inco from trade of business	ome conr	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	is not unrelated attribut		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)			<u> </u>						
(4)									
Totals	Enter here and page 1, Part line 10, col. (il, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 25	
Schedule J-Advertising I	ncome (see instru	ctions)						·	
	eriodicals Repor		Consoli	dated Basis					
1. Name of penodical	2. Gross advertising income	1	. 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. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•								
								000 T (0010)	

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of penodical 2 minus col 3). If advertising minus column 5, but advertising costs ıncome costs a gain, compute cols 5 through 7. ıncome not more than column 4) <u>(1)</u> (2) (3) (4) \blacktriangleright Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col. (B). Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to business unrelated business (1) % (2) %

Form **990-T** (2019)

% %