~8	EXTENDED TO JU	TT.V 15 2020	2939306	5207 · 7
, Form 990-T	Exempt Organization Bus		ay Return	OMB No 1545-0687
Form 93,0-1	(and proxy tax unde	er section 6033(e))		1045-0007
-7	For calendar year 2018 or other tax year beginning SEP 1,		1908 1908 19019	2018
P	Go to www irs gov/Form990T for in			ZV 10
Department of the Treasury Internal Revenue Service	Do not enter SCM numbers on this form as it may	he made nublic if your organize	tion is a 501/c/(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	None of consents of this form as it may	hanged and see instructions	D Empl	oyer identification number
A Check box if address changed	Name of organization (Check box if name cl	manged and see instructions	CEIVED (ETT)	loyees' trust, see actions)
]			3-1395056
B Exempt under section		S (6)		
X 501(c 103)	Type Number, Street, and room of Suite no. If a F.O. Dox	x, see instructions. 5 JU	L 27 2020	ated business activity code nstructions)
408(e) 220(e)	324 TRINITI AVENUE			
408A530(a)	City or town, state or province, country, and ZIP or	r toreign postal code OG	DEN, UT 541	900
529(a) C Book value of all assets	SAINT LOUIS, MO 63130	<u> </u>		800
C Book value of all assets at end of year	F Group exemption number (See instructions) 94. G Check organization type ► X 501(c) corp	poration 501(a) trust	401/a\ truct	Other trust
U Catar the number of the	organization's unrelated trades or humperson	ooration 501(c) trust	401(a) trust	
	organization's unrelated trades or businesses ► ► ADVERTISING INCOME		the only (or first) unrelated	
			complete Parts I-V. If more	
	lank space at the end of the previous sentence, complete Par	irts i and ii, complete a Schedule	IVI TOT EACH AUDITIONAL TRAUE	UI
business, then complete	the corporation a subsidiary in an affiliated group or a paren	at subardiary apatrolled aroun?	► Ye	es X No
	ind identifying number of the parent corporation.	it-substalary controlled group.		3 (<u>22</u>) NO
	MELISSA LICKERT	Telenh	one number > 314-	725-6555
	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	······································	(**)	(070070	
b Less returns and allow		1c		
		2		
2 Cost of goods sold (S3 Gross profit. Subtract		3		
		4a		
• •	4797, Part II, line 17) (attach Form 4797)	4b		
		4c 4c		
•	partnership or an S corporation (attach statement)	5		
6 Rent income (Schedu	· · · · · · · · · · · · · · · · · · ·	6		
•	ed income (Schedule E)	7		
	valties, and rents from a controlled organization (Schedule F)	8		-
•	a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
	vity income (Schedule I)	10		
11 Advertising income (S	· '	11 21,250,	17,251.	3,999.
	structions; attach schedule)	12		
13 Total. Combine lines	ſ	13 21,250.	17,251.	3,999.
Part II Deduction	ns Not Taken Elsewhere (See instructions for			
(Except for o	contributions, deductions must be directly connected	with the unrelated business	income)	
14 Compensation of offi	icers, directors, and trustees (Schedule K)		14	
15 Salaries and wages	, , , , , , , , , , , , , , , , , , , ,		15	
16 Repairs and mainten	ance		16	
17 Bad debts			17	
	dule) (see instructions)		18	
19 Taxes and licenses			19	
20 Charitable contribution	ons (See instructions for limitation rules)		20	
21 Depreciation (attach		21		
	umed on Schedule A and elsewhere on return	22a	22b	
23 Depletion			23	
·	erred compensation plans		24	
25 Employee benefit pro			25	
26 Excess exempt exper			26	
27 Excess readership co			27	3,999.
28 Other deductions (at			28	
	dd lines 14 through 28		29	3,999.
/	axable income before net operating loss deduction. Subtract	line 29 from line 13	30	0.
/	erating loss arising in tax years beginning on or after Januar		31	
	axable income. Subtract line 31 from line 30	, , == := (===	32	0.
	r Paperwork Reduction Act Notice, see instructions.	· · · · · · · · · · · · · · · · · · ·		Form 990-T (2018)
		•	07	(== :=)

Form 990		43-139	<u>5056</u>	Page 2
Part	Total Unrelated Business Taxable Income	<u> </u>		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	s)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	4	37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	O	/	27000
38	enter the smaller of zero or line 36	•	38	0.
Dar	IV Tax Computation		30	
· -/			100	0.
/ 39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	<u></u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	····.		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions		43	
1 1 5 44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part				
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
I	Other credits (see instructions) 45b			
(General business credit. Attach Form 3800		ŀ	
(Credit for prior year minimum tax (attach Form 8801 or 8827)			
(Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Otl	TCF (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50	a Payments: A 2017 overpayment credited to 2018			
	b 2018 estimated tax payments 50b] [
	Tax deposited with Form 8868	-]	
	d Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	e Backup withholding (see instructions) 50e	•	1 1	
	r Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
	Other credits, adjustments, and payments: Form 2439		1	
	Form 4136 Other Total 50g		1	
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
. 54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
11 55		Refunded -	55	
Part		tructions)	1 33 1	
				Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			169 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign coun	u y		X
	here >			$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a toreign trust?		
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	- 4b - b b - d b b		<u></u>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete Deajaration of preparer (other than taxpayer) is based on all information of which preparer has any know	o the best of my knowled ledge	age and belief, it is	true,
Here	Vall 12 (100k 17.20.20)	м	ay the IRS discuss	this return with
11010	Felly Pollock 7-20-20 EXECUTIVE DI		e preparer shown l	
	Signature of officer / Date Title	in	structions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date	Check ı	f PTIN	
Paid		self- employed		
Prep	arer JAMES R. RITTS		P0036	
•	Only Firm's name ► RUBINBROWN LL(P)	Firm's EIN ►	43-07	765316
-	ONE NORTH BRENTWOOD			
	Firm's address ► SAINT LOUIS, MO 63105	Phone no. (314) 29	0-3300
000711	11.00.10		Enve	990-T (2019)

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A				<u>.</u>	
1 Inventory at beginning of year 1 6			T	6 Inventory at end of year			6		
2 Purchases	2		_ 7	Cost of goods sold. St	ubtract I	ine 6	·,~		
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,		1	
4 a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to				7		
(attach schedule)	4a							Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5			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 per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b) (attach schedule)	
(1)			-						
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	.			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
				Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)		-	+				+	· · · · · · · · · · · · · · · · · · ·	
(2)			\top				7		
(3)	•••		1						
(4)			+				_		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or 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 8)		8 Allocable deducti (column 6 x total of co 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 pag Part I, line 7, column (
Totals				.		0			0.
Total dividends-received deductions	ncluded in colum	n 8					-		0.

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<i>¥</i>		Exempt	Controlled Or	ganızatı	ons			
Name of controlled organizati	on 2. Em identif num	ication (loss) (see	see instructions) payments made included in the		5. Part of colui included in the organization's g	controlling	6 Deductions directly connected with income in column 5	
)								
nexempt Controlled Organiz	zations	<u>-</u>						
7 Taxable Income	8 Net unrelated incom (see instruction		of specified paym made	nents	10. Part of colur in the controlli gross	nn 9 that is including organization's income	ded 11. Dec	ductions directly connected income in column 10
)								
)								
)				*				
)								
,					Enter here and	on page 1, Part I	, Enter h	d columns 6 and 11 ere and on page 1, Part i, line 8, column (B)
tals							0.	(
chedule G - Investme		Section 501(c)(7	7), (9), or (1	7) Org	anization		-	
(see instr	ription of income		2 Amount of	ncome	3. Deduction	cted 1 4.	Set-asides	5. Total deduction and set-asides
<u> </u>	· · · · · · · · · · · · · · · · · · ·			-	(attach sched		tach schedule)	(col 3 plus col 4
)								-
)		- <u>-</u>	ļ					
3)								
1)						l		
•		_	Enter here and o Part I, line 9, col				,	Enter here and on pag Part I, line 9, column (I
tals chedule I - Exploited	Exempt Activity	Income, Other	Than Adv		g Income			wła.
(see instru	ictions)	Τ	 					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity to is not unrelate business inco	that a	Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
)								
2)								
3)								
1)	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,	1 5.	, 		.,		Enter here and on page 1,
tals >	line 10, col (A)	line 10, col (B)	1	-	· , ·			Part II, line 26
chedule J - Advertisii								
Part I Income From I	Periodicals Rep	orted on a Con	solidated	Basis				-
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	or (loss) (c	ain, comput			Readership costs	7 Excess readership costs (column 6 minu column 5, but not mor than column 4)
1)			<u> </u>	·				
2)								
3)								
4)			—	•				
 								
tals (carry to Part II, line (5))	•	0.).					
viais (carry to mart II, IIIIe (5))		<u>v., </u>	, • <u> </u>					Form 990-T

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) COCA PRE	SENTS						
(2) SERIES P	LAYBILL	21,250.	17,251.	3,999.		4,540.	3,999
(3)					_		
(4)							
Totals from Part I	•	0.	0.	1 1. 1. 1. 1. 1. 1.			0
		Enter here and on page 1, Part I, line 11, cot (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) ▶	21,250.	17,251.	1 4 4 3 4 3		āγ. ν tr : t	3,999

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

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

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FORM 9902 T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/09	38,035.	3,196.	34,839.	34,839.
08/31/10	30,524.	0.	30,524.	30,524.
08/31/11	10,341.	0.	10,341.	10,341.
08/31/12	2,028.	0.	2,028.	2,028.
NOL CARRYO	VER AVAILABLE THIS	YEAR	77,732.	77,732.