2989331902626 0

Form 990-T	(and prove tax under section 6033(e))						OMB No 1545-0047			
rorm 900-1	(and proxy tax under section 6033(e))									
•	For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 20 19 BG to www irs gov/Form990T for instructions and the latest information						2	<u> </u>		
Department of the Treasury Internal Revenue Service	► Go to www irs gov/rorms901 for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)						(5)(2)	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if									ification number	
address changed		Hame of organization () officer out in their distinges and see institutions)						(Employees' trust, see instructions)		
B Exempt under section		ST JOHN'S WELL CHILD AND FAMILY CENTER								
X 501(C)(13)	Print	Number, street, and room or suite no					95-4	95-4067758		
408(e) 220(e)	or							Unrelated business activity code		
408A 530(a)	i y pe	808 W. 58TH STREET					(See	instructions)		
529(a)		City or town, state or province, country	y, and z	ZIP or foreign postal	code					
C Book value of all assets		LOS ANGELES, CA 900	37							
at end of year	F Gro	up exemption number (See instruct	ions)	>						
59,693,036.	G Che	eck organization type X 501	(c) co	rporation	501(c) trust	401(a	1(a) trust Other trust		
H Enter the number of	the orga	inization's unrelated trades or busine	sses	▶ 1		Descril	be the onl	y (or first)	unrelated	
trade or business her	re ▶ <u>A</u>	TCH 1		If	only one,	complete Parts	I-V If mo	re than on	e, describe the	
first in the blank spa	ace at the	end of the previous sentence, cor	nplete	Parts I and II, co	mplete a S	chedule M for e	ach additio	nal		
trade or business, th	en compl	ete Parts III-V		<u>.</u>					** 1	
 I During the tax year, 	was the	corporation a subsidiary in an affili	ated g	roup or a parent-s	subsidiary (controlled group	?	▶[Yes X No	
		identifying number of the parent co	rporate	on ►		<u>-</u> -	00 5:-			
		IZABETH MEISLER		T		ne number > 3		-1613		
		or Business Income		(A) Incor	ne	(B) Expe	enses		(C) Net	
1a Gross receipts or]				
b Less returns and allowa		c Balance >						+		
	•	ule A, line 7)	2			_		+		
		2 from line 1c	3							
OSO:SAI	ncome (a	ettach Schedule D)	4a							
			4b			<u> </u>				
		trusts	4c			-				
		r an S corporation (attach statement)	5							
			6					+		
Unrelated bebt-fill	nanced in	come (Schedule E)	7				. <u>.</u>			
		ents from a controlled organization (Schedule F)								
/ = 101		1(c)(7), (9), or (17) organization (Schedule G)	9					+		
		ncome (Schedule I)	10					+		
		dule J)						+		
		ctions, attach schedule)	12		0.			+	· · · · · · · · · · · · · · · · · · ·	
13 Total Combine li	ne Not	ough 12		ns for limitati		leductions)	(Deduct	ions mu	st he directly	
		ne unrelated business incom				•	(Deader	10113 1114	or be directly	
		directors, and trustees (Schedule K)					14			
		(see instructions)								
		4562)		I .			· · · 	 		
		on Schedule A and elsewhere on re				<u> </u>	21	.		
*		· · · · · · · · · · · · · · · · · · ·								
,		compensation plans					· · ·	-		
		S								
		Schedule I),								
		chedule J)								
		chedule)								
		s 14 through 27								
		le income before net operating						-		
		g loss arising in tax years beginnir								
	•	e income Subtract line 30 from line	_	•			_	-1		
5. Omelated busine	US LUNGUI	tetres assume subtract line so from line	23.			<u> </u>			000 T (20)	

PAGE 60

"Pai	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32			
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from the sum of lines 32 and 33	35			0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
50		36			
37	Instructions)	37	 -		
38	·	38			
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	36			
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				0.
	enter the smaller of zero or line 37	39			
	t IV Tax Computation	T 1			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax See instructions	42			
43	Alternative minimum tax (trusts only)	43			
44	Tax on Noncompliant Facility Income See instructions	44			
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par	t V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a				
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)	1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
		460			
	Total credits Add lines 46a through 46d				
47	Subtract line 46e from line 45	47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48			
49	Total tax Add lines 47 and 48 (see instructions)	49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
b	2019 estimated tax payments				
С	Tax deposited with Form 8868]			
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 51f				
g	Other credits, adjustments, and payments Form 2439				
•	Form 4136 Other Total ▶ 51g				
52	Total payments Add lines 51a through 51g	52		18,6	693.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		<u> </u>	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55		55		18,6	693
	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			18,6	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded	56			
	Statements Regarding Certain Activities and Other Information (see instruction				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		-	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigi	n country	-	ĺ
	here ▶				Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	t?		Х
	If "Yes," see instructions for other forms the organization may have to file				ŀ
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the b	est of n	ny knowledge	and beli	ef, it is
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		100		
Her			IRS discuss preparer si		
				es	No
	Print/Type grenarer's name Prenarer's signature.	TT	PTIN		<u> </u>
Paid	Check Control () () () () () () () () () (f D010	4819	8
Prep	arer	mployed	44 036		
-	Only	EIN ►	17-865-		
	Firm's address 910 E S1 LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 63806-2523 Phone	eno 4	T1-000-	0 / 01	

Form 990-T (2019)

Total dividends-received deductions included in column 8.

▶

Schedule F - Interest, Ann	uities, Royalties						i ons (se	e instructi	ons)		
,		Exe	mpt C	ontrolled Or	ganızatı	ons	_				
,1 Name of controlled organization	2 Employer identification number	E1 1		lated income instructions)	1	of specified included in		column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5	
(1)										-	
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		Total of specific payments made		ınclud	10 Part of column 9 that included in the controlling organization's gross incom		olling connected with inco		
(1)											
(2)											
(3)				<u></u>			· · · · · · · · · · · · · · · · · · ·				
(4)										· · · · · · · · · · · · · · · · · · ·	
Totals					► ′) Orga	Enter Part I	columns 5 a here and on , line 8, colum	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of			3 Deduction of the 3 directly cortain (attach sch	tions inected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)					•						
(2)											
(3)											
(4)	Enter here and o									Enter here and on page 1,	
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, or		ther Ti	nan Advert	ising Ir	ncome (see instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connecte product unrela business	itly ed with ion of ited	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from ac	s income tivity that inrelated is income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		· · · · · ·									
(2)											
(3)				 			· · · · · ·				
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25	
Totals	ICOME (see instri	ictions)		1							
Part I Income From Per	· · · · · · · · · · · · · · · · · · ·	•	Conso	lidated Bas	sis						
income from Fer	louicais Neport	eu on a v	201130	4 Adver					-	7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Dır advertisin		gain or (los 2 minus co a gain, co cols 5 thro	ol 3) If mpute	l	culation ome	6 Reade cost	-	costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)										-	
									_		
Totals (carry to Part II, line (5))	1							<u> </u>		Form 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 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)		<u>.</u>				
(2)						
(3)	,		Ü.			
(4)		· <u>-</u>				
Totals from Part I						
	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 26
Totals, Part II (lines 1-5) ▶	·					

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

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			

Form **990-T** (2019)

95-4067758

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.