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Form 990-T	Exempt Organization B			OMB No 1545-0047
roim JJU	For calendar year 2019 or other tax year beginnin		ng <u>05/31</u> , 20 20	2019
Department of the Treasury	► Go to www irs gov/Form990T for			Open to Public inspection for
Internal Revenue Service	Do not enter SSN numbers on this form as i			Open to Public Inspection for 501(c)(3) Organizations Only over identification number
A Check box if address changed		f name changed and see instruction		oyees' trust, see instructions)
	」	DIO HENIMH COMMOD		
B Exempt under section	Print Number street and room or suite no. If a			036785
X 501(C 103)	or literate and the second sec	PO box, see instructions		lated business activity code
408(e) 220(e	1 1 pc			nstructions)
408A530(a	1			
529(a) C Book value of all assets	City or town, state or province, country, a ST. LOUIS, MO 63112	and ZIP of loreign postar code		
at end of year				
23 987 763	F Group exemption number (See instruction G Check organization type ► X 501(c)) trust 401(a)	trust Other trust
	f the organization's unrelated trades or businesse			(or first) unrelated
trade or business he	•	. —————	complete Parts I-V If mor	•
	ace at the end of the previous sentence, comp	 ' '	•	
· ·	nen complete Parts III-V	ilete Faits i and ii, complete a S	chedule Willor each addition	TIGI
	was the corporation a subsidiary in an affiliate	ed group or a parent-subsidiary o	controlled group?	▶ Yes X No
	ame and identifying number of the parent corpo	=	ones group	
	e of BENJAMIN C. WASHINGTON,	CPA Telephon	e number ► 314-367	-7848
	Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or		(4)	<u> </u>	
b Less returns and allow		1c		
		2	*	1
_		3		
		la l		
		1b		
	· · · · · · · · · · · · · · · · · · ·	ic		
	[5	-/	
		6		
		7		
_		8		
	• •	9		
	· · · · · · · · · · · · · · · · · · ·	10		
11 Advertising incor	ne (Schedule J)	11		
	ļ	2		
13 Total. Combine li	nes 3 through 12			
Part II Deductio	ns Not Taken Elsewhere (See instruction of the unrelated business income	ctions for limitations on d	eductions) (Deduct	ons must be directly
				-0
14 Compensation of	officers, directors, and trustees (Schedule K)	<i></i>	14	
15 Salaries and wag	es		31 A.P.R. 1.9. 202	
16 Repairs and mair	ntenance	. [2	<u> </u>	<u> </u>
17 Bad debts	<u>/</u>	. .	. 17	-
18 Interest (attach s	chedule) (see instructions)		OULFIN-18	
19 Taxes and license	os /			<u> </u>
20 Depreciation (att	ach Form 4,562)	20		
	n claimed on Schedule A and elsewhere on retur			
	· ·/· · · · · · · · · · · · · · · · · ·			
	deferred compensation plans			
	programs			
	penses (Schedule I),			
	costs (Schedule J)			
	(attach schedule)			
	Add lines 14 through 27			
,	ess taxable income before net operating los			
<i>-</i>	t operating loss arising in tax years beginning o			
3/1 Unrelated busine	ss taxable income Subtract line 30 from line 29) <u></u> .	<u> 31</u>	
	ion Act Notice, see instructions			Form 990-T (2019)
JSA 2740 1 000	7 4/1/0005	1001-	2700	
81898D K92	27 4/1/2021 10:01:45 AM V	19-8.1F 8	33780	PAGE-45W
				40
				.

	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		
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
7	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
9	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,			,
	enter the smaller of zero or line 37	39		
	t IV Tax Computation			
0	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21),	40		
1	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		
2	Proxy tax See instructions	42		
3	Alternative minimum tax (trusts only)	43		
!	Tax on Noncompliant Facility Income. See instructions	44		
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
	t V \Tax and Payments	т		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
	Other credits (see instructions)			
C	General business credit Attach Form 3800 (see instructions)	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	~		
	Total credits. Add lines 46a through 46d			
7 8	Subtract line 46e from line 45			
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .			
9)	Total tax. Add lines 47 and 48 (see instructions)	49 50		<u>`</u>
о 1 а	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments A 2018 overpayment credited to 2019			
C	Tax deposited with Form 8868			
-	Foreign organizations Tax paid or withheld at source (see instructions)			
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
ď	Other credits, adjustments, and payments Form 2439			
9	Form 4136 Other Total ▶ 51g			
2	Total payments. Add lines 51a through 51g	52		1,700
3	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	53		
4	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54.		
ر5		/55/		1,700
/	Enter the amount of line 55 you want Credited to 2020 estimated tax			1,700
	Statements Regarding Certain Activities and Other Information (see instructions		-	
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	.
	here ▶	•	•	X
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trust?		X
•	If "Yes," see instructions for other forms the organization may have to file			
•	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
<u> 9</u>			knowledge	and belief, it
_	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st or my		
9	correct, and complete Declaration of propagate (other than talpayer) is based on all information of which preparer has any knowledge	_)C discuss	thic return
9	CFO May Correct and complete Declaration of paparer (offer than taxoayer) is based on all information of which preparer has any knowledge CFO May	the IR		
9 igr	CFO May With May With May May May May May May May Ma	the IR	reparer sl	this return hown below es No
igr er	Signature of officer Date Title Print/Type preparer's name Preparer's signature	the IR	reparer sl	hown below
igr ler	Signature of officer Print/Type preparer's name DONNA J LARSON Description of perparer (officer page 1 and 1 a footbase) is based on all information of which preparer has any knowledge of the control of the contro	the IR the punction	preparer sl prins)?[X] You	hown below
igr ler	Signature of officer Print Type preparer's name DONNA J LARSON BKD, LLP BKD, LLP Description of perparer (officer under than la/payer) is based on all information of which preparer has any knowledge of the company of the compa	the IR the p instruction if	preparer sl prins)?[X] You	hown belowes No
9 Sign ler	Accorded complete Declaration of paperer (offer than 1a/bayer) is based on all information of which preparer has any knowledge with the signature of officer Date Title Print Type preparer's name DONNA J LARSON Firm's name BKD, LLP May with the signature of t	the IR the p instruction if inployed	PTIN	hown below es No 43751 0260

Form **99.0-T** (2019)

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Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

Schedule F - Interest, Ann	dides, Royalde			ntrolled Or			10110 (30	- mon don	0110)		
1 Name of controlled organization	2 Employer identification numb			ited income instructions)		f specified specified included in		f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)			-		ļ	_	ļ <u>.</u>				
(3)							<u> </u>				
(4) Nonexempt Controlled Organiz	zationa				L						
Nonexempt Controlled Organia						10 Pa	rt of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specifi ayments made		ınçlud	ed in the co ation's gros	ntrolling		nected with income in column 10	
(1)				_					 		
(2)	-			-				-			
(3)								-	<u> </u>		
Totals	ocome of a Sec		 (c)(7)		▶	Enter Part I	columns 5 a here and on , line 8, colu	page 1, ımn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of		(5)(. /,	3 Deduction directly contact (attach sci	tions inected		4 Se	at-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1) ·	 			,	<u>-, -</u>			·		- _	
(2)			_								
(3)											
(4)											
Totals ► Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	her Tha		ising In	come (see instru	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directl connected productio unrelate business in	ly I with on of ed	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 s income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								<u> </u>			
(2)								<u> </u>			
(3)		 -						 			
(4)	 							†			
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	anti,							Enter here and on page 1, Part II, line 25	
Schedule J-Advertising In											
Part I Income From Peri	iodicals Report	ed on a C	onsoli	dated Bas	sis				_		
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advertigan or (fos 2 minus co a gain, co cols 5 thro	s) (col ol 3) If npute		culation ome	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				المنت المنت والمنت والمنت						AVENIETE SE	
(2)				对数数据的	THE PER						
(3)				Keke diligi	124 13 2 2 2 2 3 2 2 3 3 2 2 3 3 3 3 3 3 3					seed the seed	
(4)					ological services					Chile Continue	
Totals (carry to Part II, line (5))				 						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)						
(2)						
(3)						
(4)						
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)			4	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			_		•	1

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			

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