

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
ST LOUIS COMMUNITY FOUNDATION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2 OAK KNOLL PARK
City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63105

D Employer identification number
43-6023126
E Telephone number
(314) 588-8200
G Gross receipts \$ 10,363,732

F Name and address of principal officer
AMELIA AJ BOND
2 OAK KNOLL PARK
ST LOUIS, MO 63105

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) ( ) (insert no )
4947(a)(1) or
527

J Website: WWW STLGIVES ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1915
M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ADMINISTER CHARITABLE FUNDS FOR THE BETTERMENT OF ST LOUIS

Table with 2 columns: Line number, Amount. Rows 2-7b showing various metrics like number of members, employees, volunteers, and revenue.

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows 8-19 showing Revenue and Expenses.

Table with 4 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22 showing Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: AMELIA AJ BOND PRESIDENT & CEO
Date: 2018-10-31

Paid Preparer Use Only
Print/Type preparer's name: JOAN B HUMES
Preparer's signature: JOAN B HUMES
Date:
Firm's name: CLIFTONLARSONALLEN LLP
Firm's EIN: 41-0746749
Firm's address: 600 WASHINGTON AVENUE SUITE 1800 ST LOUIS, MO 63101

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

TO PROMOTE THE POSSIBILITIES OF CHARITABLE GIVING, HELPING CHARITABLE CITIZENS UNDERSTAND HOW THEY CAN EFFECTIVELY PROVIDE FOR THE COMMUNITY THEY LOVE AND THE CAUSES THEY CARE DEEPLY ABOUT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 11,394,768 including grants of \$ 8,282,794 ) (Revenue \$ 2,212,475 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 117,012 )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 11,394,768

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MITCH MEYERS DIRECTOR	1 00	X						0	0	0
(2) ERIC L HAUSLER DIRECTOR	1 00	X						0	0	0
(3) JAMES M SNOWDEN JR DIRECTOR	1 00	X						0	0	0
(4) JAMES A KREKELER DIRECTOR	1 00	X						0	0	0
(5) MICHAEL P MCMILLAN DIRECTOR	1 00	X						0	0	0
(6) REBECCA S WEAVER DIRECTOR	1 00	X						0	0	0
(7) FELICIA W SHAW DIRECTOR	1 00	X						0	0	0
(8) MARVIN D ANDERSON SECRETARY	1 00	X		X				0	0	0
(9) SUSAN P SULLIVAN DIRECTOR (TERM ENDED)	1 00	X						0	0	0
(10) ELLEN J SHERBERG DIRECTOR	1 00	X						0	0	0
(11) GARY E KROSCHE DIRECTOR	1 00	X						0	0	0
(12) THOMAS R COLLINS CHAIR	1 00	X		X				0	0	0
(13) DENNIS J JACKNEWITZ DIRECTOR	1 00	X						0	0	0
(14) WINTHROP B REED III DIRECTOR	1 00	X						0	0	0
(15) MATTHEW W GEEKIE TREASURER	1 00	X		X				0	0	0
(16) CYNTHIA J KOHLBRY DIRECTOR	1 00	X						0	0	0
(17) JOHN M JENNINGS DIRECTOR	1 00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) NINA LEIGH KRUEGER ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0	
(19) ALICIA S MCDONNELL ..... DIRECTOR	1 00 ..... 1 00	X						0	0	0	
(20) DWIGHT D CANNING ..... VP/CFO	15 00 ..... 24 50			X				141,963	0	17,108	
(21) AMELIA AJ BOND ..... PRESIDENT & CEO	15 00 ..... 22 50			X				255,429	0	16,603	
(22) CHRISTINE G BURGHOFF ..... DIRECTOR OF GIVING STRATEGIES	9 50 ..... 28 00					X		125,919	0	23,349	
(23) DONNA E FREDERICK ..... GIVING STRATEGIST	9 50 ..... 28 00					X		100,750	0	6,549	
<b>1b Sub-Total</b> . . . . . ▶											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶											
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶								624,061	0		63,609

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
US BANK 1555 N RIVERCENTER DR SUITE 300 MILWAUKEE, WI 53212	INVESTMENT MANAGEMENT	304,186
BANK OF AMERICA PO BOX 830269 DALLAS, TX 75283	INVESTMENT MANAGEMENT	104,866

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **2**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	7,362				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,545,059				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,465,861				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <u>3,033,702</u>						
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,018,282			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> ADMINISTRATION SERVICE	813000	2,212,475	2,212,475			
	<b>b</b> GRANT REVIEW FEES	813000	116,887	116,887			
	<b>c</b> GRANT REFUND REVENUE	813000	125	125			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			2,329,487				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,847,262			1,847,262	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			30,700				
		<b>b</b> Less rental expenses	0				
		<b>c</b> Rental income or (loss)	30,700				
	<b>d</b> Net rental income or (loss) . . . . .			30,700		30,700	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			914,310				
		<b>b</b> Less cost or other basis and sales expenses	1,002,938				
		<b>c</b> Gain or (loss)	-88,628				
	<b>d</b> Net gain or (loss) . . . . .			-88,628		-88,628	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>7,362</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	5,680				
		<b>b</b> Less direct expenses . . . . .	7,468				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-1,788		-1,788	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .						
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> PASSTHROUGH INCOME	813000	157,449		157,449			
<b>b</b> OTHER REVENUE	813000	60,562			60,562		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			218,011				
<b>12 Total revenue.</b> See Instructions . . . . .			9,353,326	2,329,487	157,449	1,848,108	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,235,094	8,235,094		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	47,700	47,700		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	431,104	362,127	64,666	4,311
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	896,082	752,709	134,412	8,961
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	57,418	48,230	8,613	575
<b>9</b> Other employee benefits.	70,121	58,902	10,518	701
<b>10</b> Payroll taxes.	86,779	72,894	13,017	868
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	673,493	673,493		
<b>b</b> Legal.	67,381	57,274	10,107	
<b>c</b> Accounting.	47,859	40,680	7,179	
<b>d</b> Lobbying.	6,300	5,292	945	63
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	465,973	465,973		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	39,345	33,050	5,902	393
<b>12</b> Advertising and promotion.	163,290	137,164	24,493	1,633
<b>13</b> Office expenses.	61,947	49,543	11,629	775
<b>14</b> Information technology.	139,803	117,435	20,970	1,398
<b>15</b> Royalties.				
<b>16</b> Occupancy.	34,769	29,206	5,215	348
<b>17</b> Travel.	10,657	8,952	1,599	106
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	24,302	20,414	3,645	243
<b>20</b> Interest.	19,278	16,193	2,892	193
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	93,134	78,233	13,970	931
<b>23</b> Insurance.	28,791	24,184	4,319	288
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL EVENTS	36,586	30,732	5,488	366
<b>b</b> REPAIRS & MAINTENANCE	10,753	9,032	1,613	108
<b>c</b> PROFESSIONAL DEVELOPMENT	10,381	8,720	1,557	104
<b>d</b> DUES & MEMBERSHIPS	7,240	6,082	1,086	72
<b>e</b> All other expenses	6,500	5,460	975	65
<b>25</b> Total functional expenses. Add lines 1 through 24e.	11,772,080	11,394,768	354,810	22,502
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,335	<b>1</b>	3,780
	<b>2</b> Savings and temporary cash investments . . . . .	4,877,972	<b>2</b>	1,428,862
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	50,278	<b>4</b>	95,069
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	103,236	<b>9</b>	82,501
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,952,042		
	<b>b</b> Less accumulated depreciation	488,803		
	<b>11</b> Investments—publicly traded securities . . . . .	1,497,464	<b>10c</b>	1,463,239
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	71,493,071	<b>11</b>	81,974,109
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	1,322,126	<b>12</b>	2,500,000
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	79,347,482	<b>15</b>	87,547,560	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	108,852	<b>17</b>	368,853
	<b>18</b> Grants payable . . . . .	62,000	<b>18</b>	88,500
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	170,852	<b>26</b>	457,353
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	79,176,630	<b>27</b>	87,090,207
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	79,176,630	<b>33</b>	87,090,207
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	79,347,482	<b>34</b>	87,547,560

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,353,326
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,772,080
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,418,754
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	79,176,630
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,142,762
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-810,431
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	87,090,207

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 43-6023126

**Name:** ST LOUIS COMMUNITY FOUNDATION

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

FOR THE 12 MONTHS ENDED 12/31/17, WE SERVICED 180 FUNDS AND ISSUED 1,275 GRANTS TO VARIOUS NOT-FOR-PROFIT ORGANIZATIONS RANGING FROM \$10 TO \$1,000,000 00 WE ASSISTED INDIVIDUALS AND BUSINESSES IN MAKING CHARITABLE CONTRIBUTIONS IN THIS AND OTHER COMMUNITIES BY ADMINISTERING CHARITABLE FUNDS ESTABLISHED BY THEM WE DO THIS BY MAXIMIZING FINANCIAL AND TAX ADVANTAGED GIVING, MAKING GIVING SIMPLE AND EFFICIENT, HONORING DONOR INTENT, CONNECTING DONORS WITH THEIR CAUSES AND EACH OTHER, AND STRATEGIZING WAYS TO MAKE AN IMPACT, TAKING LEADERSHIP IN COMMUNITY ISSUES TO PROMOTE COLLABORATION AND RESPONSIBLY STEWARDING CHARITABLE ASSETS

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**Form 990, Part III, Line 4b:**

THE ORGANIZATION PROVIDES GRANTS MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR PRIVATE AND FAMILY FOUNDATIONS WE ASSIST FOUNDATION TRUSTEES WITH THEIR GRANT MAKING DECISIONS IN AN EFFORT TO HELP THEM FUND CREATIVE AND SUSTAINABLE PROGRAMS WE PROVIDE ASSISTANCE TO NONPROFITS IN NAVIGATING THE DIVERSE FUNDING STRUCTURES OF OUR CLIENTS AND PROVIDE THE FOUNDATIONS WITH INFORMATION ABOUT THE NONPROFIT LANDSCAPE AS A WHOLE, AS WELL AS THEIR PARTICULAR AREA OF INTEREST

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
ST LOUIS COMMUNITY FOUNDATION

Employer identification number

43-6023126

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,122,813	5,789,987	4,597,985	4,867,463	5,018,282	21,396,530
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	1,122,813	5,789,987	4,597,985	4,867,463	5,018,282	21,396,530
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,566,051
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						12,830,479

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4	1,122,813	5,789,987	4,597,985	4,867,463	5,018,282	21,396,530
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,699,733	1,952,578	1,952,395	1,499,116	1,877,962	8,981,784
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	447,287		85,818		72,584	605,689
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	37,630	442,424	186,359	15,376	60,562	742,351
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						31,726,354
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	9,336,619

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	40.440%
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	35.970%

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2013 AMOUNT \$ 534 2014 AMOUNT \$ 806 2015 AMOUNT \$ 4,168 2016 AMOUNT \$ 15,376 2017 AMOUNT \$ 60,562 PASSTHROUGH INCOME - 2013 AMOUNT \$ 37,096 2014 AMOUNT \$ 441,618 2015 AMOUNT \$ 182,191

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2017**  
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**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ST LOUIS COMMUNITY FOUNDATION	Employer identification number 43-6023126
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		6,300
<b>j</b> Total Add lines 1c through 1i			6,300
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	APPROXIMATELY \$525 A MONTH IS PAID FOR EXPANDING THE INTERESTS OF COMMUNITY FOUNDATIONS NATIONWIDE THE ORGANIZATION IS ONE OF ABOUT 80 OTHER COMMUNITY FOUNDATIONS THAT PAY VAN SCOYOC ASSOCIATES FOR THEIR EFFORTS

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
ST LOUIS COMMUNITY FOUNDATION

**Employer identification number**  
43-6023126

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	52	
<b>2</b> Aggregate value of contributions to (during year)	3,267,684	
<b>3</b> Aggregate value of grants from (during year)	4,850,521	
<b>4</b> Aggregate value at end of year	25,557,320	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	52,848,586	49,447,362	54,828,214	53,750,814	47,952,819
<b>b</b> Contributions . . . . .	33,300	30,400	5,800	6,300	912,065
<b>c</b> Net investment earnings, gains, and losses	9,814,785	4,119,667	-2,566,349	3,836,385	7,542,334
<b>d</b> Grants or scholarships . . . . .	1,634,974	137,431	1,529,699	1,549,550	1,462,398
<b>e</b> Other expenditures for facilities and programs . . . . .	447,700	230,832	314,071	13,748	407,200
<b>f</b> Administrative expenses . . . . .	827,231	380,580	976,533	1,201,987	786,806
<b>g</b> End of year balance . . . . .	59,786,766	52,848,586	49,447,362	54,828,214	53,750,814

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		1,335,664	86,926	1,248,738
<b>d</b> Equipment . . . . .		616,378	401,877	214,501
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,463,239

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** **Supplemental Information** *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 43-6023126

**Name:** ST LOUIS COMMUNITY FOUNDATION

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ST LOUIS COMMUNITY FOUNDATION USES THESE BOARD DESIGNATED ENDOWMENTS FOR THE PURPOSES SPECIFIED BY THE INDIVIDUAL FUND AGREEMENTS, UTILIZING OUR BOARD APPROVED ANNUAL SPENDING POLICY TO DETERMINE OUR ANNUAL GRANT DISTRIBUTION OF THESE FUNDS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHOLD UNDER AN EXAMINATION THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED AT DECEMBER 31, 2017



**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

ST LOUIS COMMUNITY FOUNDATION

Employer identification number

43-6023126

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 171

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 4

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATION	27	47,700			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EACH GRANT REFLECTS A COLLABORATIVE UNDERSTANDING OF THE DONOR'S CHARITABLE GOALS IN ESTABLISHING A FUND AND THE COMMUNITY FOUNDATION'S UNDERSTANDING OF THE REGULATIONS THAT GOVERN CHARITABLE GRANTS, INCLUDING GRANTS TO INDIVIDUALS, AND THE PRACTICAL, ADMINISTRATIVE FACTS OF ASSURING APPROPRIATE RECORDKEEPING AND OVERSIGHT GRANTS ARE MADE ONLY TO ORGANIZATIONS WITH CONFIRMED 501(C)3, OR EQUIVALENT, NONPROFIT STATUS GUIDESTAR'S CHARITY CHECK IS USED TO VERIFY STATUS AND IDENTIFY SUPPORTING ORGANIZATIONS CONTINUED ON SUPPLEMENT PAGE CONTINUED FROM SCH I PART IV SUPPLEMENTAL INFORMAION GRANT RECIPIENTS RECEIVE WRITTEN INSTRUCTIONS ON USE OF GRANT FUNDS, FISCAL RESPONSIBILITY, LIABILITY, PUBLICITY AS WELL AS GRANT ACKNOWLEDGEMENT GUIDELINES ADVISORS TO DONOR ADVISED FUNDS RECEIVE WRITTEN GUIDELINES FOR ALLOWABLE GRANT RECOMMENDATIONS, RESTRICTIONS, AND THE PROHIBITION OF PERSONAL INUREMENT ADVISORS AGREE THAT NO GRANT RECOMMENDED FULFILLS A PERSONAL PLEDGE OR PROVIDES BENEFIT TO THE ADVISOR OR ADVISOR'S FAMILY MOST GRANTS ARE FOR GENERAL SUPPORT OF AN ORGANIZATION BUT RESTRICTED PURPOSE GRANTS ARE APPROVED AS WELL THE ORGANIZATION IS NOTIFIED AND REMINDED OF THE RESPONSIBILITIES OF ACCEPTING THE RESTRICTED GRANT IF WARRANTED, A MORE FORMAL GRANT AGREEMENT IS DRAWN UP TO SPECIFY EXPECTATIONS AND RESPONSIBILITES RECIPIENTS OF GRANTS FROM DESIGNATED FUNDS ARE REQUIRED TO REPORT ANNUALLY ON USE OF GRANT FUNDS LACK OF REPORTING JEOPARDIZES SUBSEQUENT GRANTS FROM THE FOUNDATION IDENTIFICATION OF NONCOMPLIANCE WITH SPECIFIED USE OF FUNDS WILL RESULT IN REQUEST FOR RETURN OF GRANTS DISTRIBUTED

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-6023126  
**Name:** ST LOUIS COMMUNITY FOUNDATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	04-3462719	501(C)(3)	10,000				SUPPORT OF AUGIE'S QUEST
ALZHEIMER'S ASSOCIATION ST LOUIS CHAPTER 9370 OLIVE BLVD ST LOUIS, MO 631323214	43-1237069	501(C)(3)	13,842				GENERAL SUPPORT, LONGEST DAY FUNDRAISER BY THE ST LOUIS BRIDGE CENTER, 2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANGELS' ARMS 12128A TESSON FERRY ROAD ST LOUIS, MO 63128	43-1894074	501(C)(3)	11,694				GENERAL SUPPORT FOR MOST URGENT NEEDS, 2017 GIVE STL DAY NET GRANT
ANIMAL HOUSE FUND 2151 59TH ST ST LOUIS, MO 63110	30-0177612	501(C)(3)	23,566				GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMAL PROTECTIVE ASSOCIATION OF MISSOURI 1705 SOUTH HANLEY ROAD ST LOUIS, MO 63144	43-0699783	501(C)(3)	10,548				GIVE STL DAY 2017 NET GRANT
ANNIE MALONE CHILDREN & FAMILY SERVICE CENTER 2612 ANNIE MALONE DRIVE ST LOUIS, MO 631132997	43-0652652	501(C)(3)	20,432				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANNIE'S HOPE--THE BEREAVEMENT CENTER FOR KIDS 1333 W LOCKWOOD AVE SUITE 104 ST LOUIS, MO 63122	43-1801433	501(C)(3)	16,535				2017 GIVE STL DAY NET GRANT, CAMP COURAGE AND CAMP ERIN
ARCHCITY DEFENDERS INC 1210 LOCUST STREET CHRIST CHURCH CATHEDRAL ST LOUIS, MO 63103	80-0471494	501(C)(3)	17,839				GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTISTS FOR A CAUSE ZACK ARTS INCUBATOR 3224 LOCUST ST SUITE 2E ST LOUIS, MO 63103	26-4279756	501(C)(3)	13,311				GIVE STL DAY 2017 NET GRANT, SUPPORT OF THE A4AC SCHOOL CLUBS, HELPING FULFILL LUCILLE PAPENDICK'S GOAL TO IMPROVE "ART AND CULTURAL HEALTH AND EDUCATION" IN THE REGION
ARTS AND EDUCATION COUNCIL OF GREATER ST LOUIS 3547 OLIVE STREET ST LOUIS, MO 631031014	43-0790672	501(C)(3)	13,780				ANNUAL DISTRIBUTION FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	25,000				IN HONOR OF CAROL HILLMAN'S COMMITMENT AND WORK WITH BANK STREET COLLEGE TO SUPPORT THE LONG TRIP
BARNES-JEWISH HOSPITAL FOUNDATION 1001 HIGHLANDS PLAZA DR W 140 MAIL STOP 84-84-100 ST LOUIS, MO 63110	43-1648435	501(C)(3)	304,339				CANCER FRONTIER FUND, 2017 GIVE STL DAY NET GRANT, THE BJC HOSPICE HOUSE (EVELYN'S HOUSE), BANRES-JEWISH COLON RECTAL TUMOR REGISTRY



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHESDA HEALTH GROUP FOUNDATION OF ST LOUIS INC 1630 DES PERES ROAD SUITE 290 ST LOUIS, MO 631311800	43-1278967	501(C)(3)	19,339				GIVE STL DAY 2017 NET GRANT, ANNUAL DISTRIBUTION FOR GENERAL SUPPORT, ANNUAL DISTRIBUTION "FOR THE SUPPORT AND MEDICAL OR SURGICAL TREATMENT OF NEEDY PERSONS, IRRESPECTIVE OF NATIONALITY OR RELIGIOUS AFFILIATIONS"
BEYOND HOUSING 6506 WRIGHT WAY ST LOUIS, MO 63121	51-0179471	501(C)(3)	10,101				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRTHDAY PARTY PROJECT 2143 FARRINGTON DALLAS, TX 75207	45-4239630	501(C)(3)	5,500				GENERAL SUPPORT
BOB EBERT LIFE SCHOLARSHIP FUND 4332 FATIMA DRIVE ST LOUIS, MO 63123	46-2107746	501(C)(3)	5,061				GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS HOPE GIRLS HOPE OF ST LOUIS 8027 ELINOR AVENUE RICHMOND HEIGHTS, MO 63117	43-1202596	501(C)(3)	8,822				GIVE STL DAY 2017 NET GRANT, ANNUAL DISTRIBUTION TO PROVIDE "ASSISTANCE TO NEEDY BOYS WHICH WILL AFFORD THEM BETTER OPPORTUNITIES TO LEAD WHOLESOME LIVES AND BECOME BETTER CITIZENS, PREFERENCE TO BE GIVEN TO THE FURNINSHING OF HOUSING, HOPE PREP SCHOLARS ACADEMY COLLEGE VISITS
CATHEDRAL BASILICA OF ST LOUIS 4431 LINDELL BLVD ST LOUIS, MO 63108	43-0653268	501(C)(3)	38,397				ANNUAL DISTRIBUTION THE BENEFIT OF THE "ST LOUIS CATHEDRAL PARISH"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CATHOLIC CHARITIES OF ST LOUIS PO BOX 952393 4445 LINDELL BLVD ST LOUIS, MO 63108	43-0653270	501(C)(3)	48,059				ANNUAL DISTRIBUTION FOR GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT
CENTER OF CREATIVE ARTS AKA COCA 524 TRINITY AVENUE ST LOUIS, MO 63130	43-1395056	501(C)(3)	103,070				GIVE STL DAY 2017 NET GRANT, ARTS PROGRAMS AT LEE HAMILTON ELEMENTARY AND FERGUSON MIDDLE SCHOOLS, GENERAL SUPPORT

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CENTRAL CHRISTIAN SCHOOL 700 SOUTH HANLEY ROAD CLAYTON, MO 63105	43-0688864	501(C)(3)	80,000				GENERAL SUPPORT THIS GRANT WILL BE PAID IN THREE ANNUAL DISTRIBUTIONS OF \$25,000 THE FIRST IS ENCLOSED, GENERAL SUPPORT
CENTRAL INSTITUTE FOR THE DEAF 825 SOUTH TAYLOR AVE ST LOUIS, MO 63110	43-0662456	501(C)(3)	60,144				GENERAL SUPPORT

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CENTRAL PRESBYTERIAN CHURCH 7700 DAVIS DRIVE ST LOUIS, MO 63105	43-0688864	501(C)(3)	17,000				GENERAL SUPPORT
CENTRAL REFORM CONGREGATION 5020 WATERMAN BLVD ST LOUIS, MO 63108	43-1336060	501(C)(3)	27,690				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT

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CHALLENGER LEARNING CENTER ST LOUIS 205 BROTHERTON LANE ST LOUIS, MO 63135	43-6005660	501(C)(3)	6,509				SUMMER CAMP SCHOLARSHIPS, 2017 GIVE STL DAY NET GRANT
CHILD CENTER - MARYGROVE 2705 MULLANPHY LANE FLORISSANT, MO 63031	43-1024440	501(C)(3)	5,742				SPECIAL FRIENDS OF CHILD CENTER, GIVE STL DAY 2017 NET GRANT

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CHIPS HEALTH AND WELLNESS CENTER 2431 N GRAND BOULEVARD ST LOUIS, MO 63106	43-1589851	501(C)(3)	19,450				GIVE STL DAY 2017 NET GRANT, ANNUAL DISTRIBUTION TO PROVIDE FREE HEALTHCARE FOR INDIGENT INDIVIDUALS FROM THE CITY OF ST LOUIS WHO ARE UNABLE TO PAY FOR NEEDED SERVICES, ANNUAL DISTRIBUTION FOR "FREE HOSPITAL CARE (BUT) DOES NOT INCLUDE CHRONIC OR INCURABLE CASES OF (THOSE MORE SUITED TO MAINTENANCE IN HOMES OR ASYLUMS) "
CHRISTIAN ACTIVITY CENTER PO BOX 2525 540 NORTH SIXTH STREET EAST ST LOUIS, IL 62201	36-4182760	501(C)(3)	39,258				GIVE STL DAY 2017 NET GRANT, ANNUAL SUPPORT FOR "THE TEACHING, PROMOTION, AND RECOGNITION OF THE TEN COMMANDMENTS AS SPOKEN TO MOSES BY GOD ON MOUNT SINAI AND DESCRIBED IN THE 20TH CHAPTER OF THE BOOK OF EXODUS OF THE OLD TESTAMENT IN THE HOLY BIBLE AUTHORIZED KING JAMES VERSION "



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCHILL CENTER AND SCHOOL 1021 MUNICIPAL CENTER DRIVE ST LOUIS, MO 63131	43-1123374	501(C)(3)	12,449				2017 GIVE STL DAY NET GRANT
CIRCUS HARMONY 701 N 15TH STREET ST LOUIS, MO 63103	43-1918399	501(C)(3)	6,208				PEACE THROUGH PYRAMIDS, 2017 GIVE STL DAY NET GRANT

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CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	31-1619379	501(C)(3)	13,574				2017 GIVE STL DAY NET GRANT
CITY GARDEN MONTESSORI SCHOOL 1618 TOWER GROVE AVENUE ST LOUIS, MO 63110	43-1671014	501(C)(3)	10,961				2017 GIVE STL DAY NET GRANT

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CITY OF ST LOUIS DEPARTMENT OF PARKS RECREATION & FORESTRY 5600 CLAYTON AVENUE IN FOREST PARK ST LOUIS, MO 63110	43-6003232	GOV	25,000				CAPITAL IMPROVEMENTS TO THE MILLES FOUNTAIN IN ALOE PLAZA
CITY OF ST LOUIS MUNICIPAL LIBRARY DISTRICT 1415 OLIVE STREET ST LOUIS, MO 63103	43-6003232	GOV	7,100				ANNUAL DISTRIBUTION"TO BE USED BY THE LIBRARIAN FOR THE PURCHASE OF SUCH BOOKS AS HE FEELS COULD NOT PROPERLY BE OBTAINED FROM THE REGULAR BOOK FUND", ANNUAL DISTRIBUTION "FOR [THE PURCHASE OF] CHILDREN'S BOOKS FOR THE CARPENTER BRANCH OVER AND ABOVE THE REGULAR ALLOTMENT FOR THAT PURPOSE ", ANNUAL DISTRIBUTION FOR "THE PURCHASE OF BOOKS APPROPRIATE TO THE STEEDMAN ARCHITECTURAL LIBRARY"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLAL - THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP 440 PARK AVENUE SOUTH 4TH FLOOR NEW YORK, NY 10016	23-7390358	501(C)(3)	25,000				DISRUPTIVE SPIRIT INNOVATION FUND FOR RABBI IRWIN KULA
COLLEGE BOUND ST LOUIS 110 NORTH JEFFERSON ST LOUIS, MO 63103	20-4768985	501(C)(3)	30,000				DUTCH AUCTION - FUND - A - NEED, GENERAL SUPPORT FOR TRIVIA NIGHT FUNDRAISER THE GRANTS IS NOT FOR ATTENDANCE AT THE EVENT, SUPPORT FOR THE CAP AND GOWN GALA THIS GRANT IS NOT FOR ATTENDANCE AT THE EVENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL ASSOCIATION 900 LAY ROAD ST LOUIS, MO 63124	43-0653286	501(C)(3)	20,262				GENERAL SUPPORT, BOOKWORM
CORNERSTONE CORPORATION 6030 ETZEL AVENUE SAINT LOUIS, MO 63130	43-1108915	501(C)(3)	9,717				2017 GIVE STL DAY NET GRANT

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COVENANT PLACE FOUNDATION COMMUNITY AGING CORPORATION 8 MILLSTONE CAMPUS DR SUITE 2000 ST LOUIS, MO 63146	43-1365901	501(C)(3)	10,523				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT
COVENANT THEOLOGICAL SEMINARY 12330 CONWAY ROAD ST LOUIS, MO 63141	43-0719506	501(C)(3)	30,000				GENERAL SUPPORT

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CRIMINAL JUSTICE MINISTRY 1104 S JEFFERSON AVENUE ST LOUIS, MO 63104	46-2647318	501(C)(3)	5,197				GIVE STL DAY 2017 NET GRANT
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST ST LOUIS, MO 63124	43-1695861	501(C)(3)	7,744				GIVE STL DAY 2017 NET GRANT, ANNUAL DISTRIBUTION FOR ENDOWMENT, NOT FOR CURRENT OPERATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEAF INC 25 E FRISCO AVE ST LOUIS, MO 63119	26-2617721	501(C)(3)	8,374				GIVE STL DAY 2017 NET GRANT
DIRECT RELIEF INTERNATIONAL 27 S LA PATERA LANE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	10,000				THE EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DIRK'S FUND 11321 CRAGWOLD ROAD KIRKWOOD, MO 63122	43-1863897	501(C)(3)	13,658				GIVE STL DAY 2017 NET GRANT
DOORWAYS 4385 MARYLAND AVENUE ST LOUIS, MO 63108	43-1484279	501(C)(3)	5,651				GIVE STL DAY 2017 NET GRANT

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EARTH DANCE 233 S DADE AVENUE ST LOUIS, MO 63135	27-4160056	501(C)(3)	12,590				GIVE STL DAY 2017 NET GRANT
EASTER SEALS MIDWEST 13545 BARRETT PARKWAY DRIVE SUITE 300 BALLWIN, MO 63021	43-0979927	501(C)(3)	8,301				GIVE STL DAY 2017 NET GRANT

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ENERGY CARE INC PO BOX 63172 ST LOUIS, MO 631639966	43-1319781	501(C)(3)	5,921				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT
EPWORTH CHILDREN AND FAMILY SERVICES 110 N ELM ST LOUIS, MO 63119	43-1069741	501(C)(3)	6,202				GIVE STL DAY 2017 NET GRANT

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EQUINE ASSISTED THERAPY 3369 HWY 109 WILDWOOD, MO 63038	20-0319917	501(C)(3)	5,561				GIVE STL DAY 2017 NET GRANT
FIRST BAPTIST CHURCH OF ST LOUIS CITY 3100 BELL AVENUE ST LOUIS, MO 63106	43-0271215	501(C)(3)	18,950				GENERAL SUPPORT

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FIRST STEP BACK HOME PO BOX 966 OFALLON, MO 63366	20-8676289	501(C)(3)	15,595				2017 GIVE STL DAY NET GRANT
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LANE ST CHARLES, MO 63303	01-0756138	501(C)(3)	10,470				2017 GIVE STL DAY NET GRANT

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FOREST PARK FOREVER 5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 63112	43-1427062	501(C)(3)	59,926				2017 GIVE STL DAY NET GRANT AND SUPPORT, FOR EDUCATIONAL PROGRAMS
FOSTER AND ADOPTIVE CARE COALITION OF GREATER ST LOUIS 1750 SOUTH BRENTWOOD BLVD SUITE 210 210 ST LOUIS, MO 63144	43-1570225	501(C)(3)	30,005				2017 GIVE STL DAY NET GRANT

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GATEWAY FESTIVAL ORCHESTRA OF ST LOUIS PO BOX 50211 ST LOUIS, MO 63105	43-0815081	501(C)(3)	15,380				CHALLENGE GRANT AND 2017 GIVE STL DAY NET GRANT
GATEWAY PET GUARDIANS 5321 MANCHESTER AVE ST LOUIS, MO 63110	26-0096240	501(C)(3)	20,842				2017 GIVE STL DAY NET GRANT

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GIRLS IN THE KNOW 8790 MANCHESTER ROAD SUITE 205-E ST LOUIS, MO 63144	27-0580991	501(C)(3)	5,454				TRANSITION CAMP, NET GRANT FROM GIVE STL DAY 2017
GRACE HILL SETTLEMENT HOUSE 2600 HADLEY STREET ST LOUIS, MO 63106	23-7216273	501(C)(3)	6,626				GIVE STL DAY 2017 NET GRANT, ANNUAL DISTRIBUTION TO BENEFIT "THE NEIGHBORHOOD COLLEGE PROGRAM IF THAT PROGRAM CEASES TO OPERATE FUNDS SHOULD BE DIRECTED TO GRACE HILL NEIGHBORHOOD SERVICES' HEALTH CLINICS"



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION 250 EAST FRONT STREET SUITE 310 TRAVERSE CITY, MI 49684	38-3056434	501(C)(3)	5,100				ANNUAL DISTRIBUTION FOR THE RCF FIRST CONGREGATIONAL CHURCH OF CENTRAL LAKE (MI) MINISTERIAL FUND
GREAT CIRCLE 330 N GORE AVENUE ST LOUIS, MO 63119	43-0681471	501(C)(3)	156,160				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT

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GREATER ST LOUIS CHURCH 9330 STANSBERRY AVENUE ST LOUIS, MO 63134	43-1412491	501(C)(3)	45,837				GENERAL SUPPORT
HARVARD UNIVERSITY 124 MOUNT AUBURN CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	6,000				ANNUAL DISTRIBUTION "FOR SCHOLARSHIPS IN THE NAME OF G [GUSTAVUS] L HARRIS SO FAR AS MAY BE POSSIBLE, PREFERENCE SHOULD BE GIVEN TO STUDENTS IN THE ST LOUIS AREA"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HAVENHOUSE ST LOUIS 12685 OLIVE BLVD ST LOUIS, MO 63141	20-1876315	501(C)(3)	11,376				2017 GIVE STL DAY NET GRANT
HAYIM FISCHER EPSTEIN HEBREW ACADEMY 1138 N WARSON ROAD ST LOUIS, MO 63132	43-6001158	501(C)(3)	6,464				ANNUAL DISTRIBUTION "FOR THE EDUCATION OF JEWISH YOUTHS IN HEBREW"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOPE ANIMAL RESCUES PO BOX 397 GODFREY, IL 62035	20-4809712	501(C)(3)	16,158				2017 GIVE STL DAY NET GRANT
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVE ST LOUIS, MO 63110	43-0652638	501(C)(3)	566,590				2017 GIVE STL DAY NET GRANT, ANNUAL GRANT "FOR EMPLOYING INVESTIGATORS TO INVESTIGATE AND REPORT TO SAID SOCIETY CASES OF ILL TREATMENT AND SUFFERING AMONG DUMB ANIMALS AS LONG AS MAY BE NECESSARY SHOULD [THIS] NOT BE NECESSARY, THEN FOR [THE SOCIETY'S] GENERAL PURPOSES", LEADERSHIP CIRCLE, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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INCARNATE WORD ACADEMY 2788 NORMANDY DRIVE ST LOUIS, MO 63121	43-0893321	501(C)(3)	5,638				2017 GIVE STL DAY NET GRANT
INTERNATIONAL INSTITUTE OF ST LOUIS 3401 ARSENAL ST LOUIS, MO 63118	43-0652640	501(C)(3)	9,749				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE CIR EAST ST LOUIS, IL 62204	37-1347709	501(C)(3)	6,831				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
JDRF INTERNATIONAL - NEW YORK 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	51-0150028	501(C)(3)	6,850				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JDRF-NYC CHAPTER 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	51-0226255	501(C)(3)	8,900				AS FOLLOWS \$5000 FOR NYC PROMISE BALL FUND A CURE
JEWISH COMMUNITY CENTER 2 MILLSTONE CAMPUS DR ST LOUIS, MO 631465796	43-0681477	501(C)(3)	9,011				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICE 10950 SCHUETZ ROAD ST LOUIS, MO 63146	43-0790330	501(C)(3)	5,445				2017 GIVE STL DAY NET GRANT, CAPITAL CAMPAIGN FOR THE JEWISH FOOD PANTRY
JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 631465776	43-0652643	501(C)(3)	63,288				NISHMAH THE ST LOUIS JEWISH WOMEN'S PROJECT, GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241899	43-0652619	501(C)(3)	620,450				THE SCIENCE LIBRARY BUILDING PROJECT, GENERAL SUPPORT, SCHOLARSHIP FUND
JUBILEE CHRISTIAN DEVELOPMENT CORPORATION 4231 N GRAND BLVD ST LOUIS, MO 63107	43-1907760	501(C)(3)	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KIRKWOOD UNITED CHURCH OF CHRIST 1603 DOUGHERTY FERRY ROAD KIRKWOOD, MO 63122	43-6362284	501(C)(3)	21,000				FACILITY RENOVATION PROJECT, GENERAL SUPPORT
LIFEBRIDGE PARTNERSHIP 1187 CORPORATE LAKE DRIVE SUITE 100 100 ST LOUIS, MO 63132	43-0692190	501(C)(3)	15,020				GIVE STL DAY 2017 NET GRANT, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFT FOR LIFE ACADEMY 1731 SOUTH BROADWAY ST LOUIS, MO 63104	43-1535886	501(C)(3)	30,000				GENERAL SUPPORT
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144	20-0126713	501(C)(3)	14,920				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITTLE SISTERS OF THE POOR 3225 N FLORISSANT AVE ST LOUIS, MO 63107	43-0653363	501(C)(3)	5,049				ANNUAL DISTRIBUTION "FOR THE SUPPORT AND MAINTENANCE OF THE AGED POOR"
LOGOS INC 9137 OLD BONHOMME ROAD ST LOUIS, MO 63132	43-0968673	501(C)(3)	13,191				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAGDALENE ST LOUIS PO BOX 1143 ST LOUIS, MO 63188	90-0855622	501(C)(3)	11,446				2017 GIVE STL DAY NET GRANT
MARY INSTITUTE & ST LOUIS COUNTRY DAY SCHOOL 101 N WARSON ROAD ST LOUIS, MO 63124	43-0653366	501(C)(3)	18,409				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT, SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCCLUER NORTH BAND BOOSTERS ASSOCIATION 155 CAPRI FLORISSANT, MO 63033	20-0206293	501(C)(3)	6,000				NEW UNIFORMS
MIRIAM FOUNDATION 501 BACON AVE WEBSTER GROVES, MO 63119	43-0667478	501(C)(3)	52,241				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSION ST LOUIS 3108 N GRAND BLVD ST LOUIS, MO 63107	20-8983607	501(C)(3)	115,635				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS RD ST LOUIS, MO 63131	43-1472026	501(C)(3)	360,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSOURI BOTANICAL GARDEN 4344 SHAW BOULEVARD ST LOUIS, MO 63166	43-0666759	501(C)(3)	117,407				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT
MISSOURI HISTORICAL SOCIETY PO BOX 11940 5700 LINDELL BLVD ST LOUIS, MO 631120040	43-0654866	501(C)(3)	44,689				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL KIDNEY FDTN OF EASTERN MOMETRO EAST INC 1001 CRAIG ROAD SUITE 480 ST LOUIS, MO 63146	13-1673104	501(C)(3)	11,780				ANNUAL DISTRIBUTION FOR GENERAL SUPPORT
NEEDY PAWS RESCUE 814 HI CREST DRIVE ST LOUIS, MO 63125	46-5424557	501(C)(3)	5,534				GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NINE NETWORK OF PUBLIC MEDIA KETC CHANNEL 9 3655 OLIVE ST ST LOUIS, MO 631083601	43-0685345	501(C)(3)	74,191				GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 320 EAST RIPA AVE ST LOUIS, MO 631252897	43-1694323	501(C)(3)	6,363				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	23-7444249	501(C)(3)	14,574				2017 GIVE STL DAY NET GRANT
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST LOUIS, MO 631193236	43-0821958	501(C)(3)	48,290				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPERATION FOOD SEARCH 1644 LOTSIE BOULEVARD ST LOUIS, MO 63132	43-1241854	501(C)(3)	5,976				2017 GIVE STL DAY NET GRANT
PARTNERS FOR PETS PO BOX 445 9136 LOWER MARINE ROAD TROY, IL 62294	36-4521704	501(C)(3)	8,269				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PET'S SECOND CHANCE FOR LIFE INC CORGI RESCUE 222 RENALDO DR CHESTERFIELD, MO 63017	43-1924443	501(C)(3)	5,114				2017 GIVE STL DAY NET GRANT
PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	04-2103579	501(C)(3)	6,100				ANNUAL DISTRIBUTION "FOR SCHOLARSHIPS IN THE NAME OF G [GUSTAVUS] L HARRIS SO FAR AS MAY BE POSSIBLE, PREFERENCE SHOULD BE GIVEN TO STUDENTS IN THE ST LOUIS AREA"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF THE ST LOUIS REGION 4251 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0652666	501(C)(3)	120,347				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
PRESBYTERY OF GIDDINGS-LOVEJOY 2236 TOWER GROVE AVENUE ST LOUIS, MO 63110	23-6393377	501(C)(3)	7,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENT INC 2650 OLIVE STREET ST LOUIS, MO 631031489	43-0652630	501(C)(3)	22,119				ANNUAL DISTRIBUTION "FOR THE EXPENSES OF ADMINISTRATION, OR IF, AT ANY TIME, THE INCOME SHALL NOT BE NEEDED FOR SUCH PURPOSES, THEN FOR SOCIAL SERVICE WORK"
RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL 11365 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	43-0666765	501(C)(3)	6,227				GIVE STL DAY 2017 NET GRANT, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REPERTORY THEATRE OF ST LOUIS 130 EDGAR ROAD WEBSTER GROVES, MO 631197730	43-0970273	501(C)(3)	13,806				ANNUAL DISTRIBUTION FOR "THE SUPPORT OF YOUNG ACTORS AND NEW PLAY PROGRAMS", GIVE STL DAY 2017 NET GRANT
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BLVD ST LOUIS, MO 631082791	43-0653244	501(C)(3)	11,366				2017 GIVE STL DAY NET GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ROSS SCHOOL FOUNDATION PO BOX 582 ROSS, CA 94957	94-2838271	501(C)(3)	10,000				GENERAL SUPPORT
SAINT LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DRIVE ST LOUIS, MO 631101380	43-1374479	501(C)(3)	45,139				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAINT LOUIS PRIORY SCHOOL 500 S MASON ST LOUIS, MO 63141	43-0713971	501(C)(3)	27,950				2017 GIVE STL DAY NET GRANT
SAINT LOUIS SYMPHONY ORCHESTRA POWELL SYMPHONY HALL 718 N GRAND BLVD ST LOUIS, MO 63103	43-0666769	501(C)(3)	232,741				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SAINT LOUIS UNIVERSITY 221 NORTH GRAND BLVD PRESIDENTS OFFICE DUBOURG 206 ST LOUIS, MO 63103	43-0654872	501(C)(3)	39,724				GENERAL SUPPORT, 2017 GIVE STL DAY SUPPORT AND NET GRANT
SAINT LOUIS UNIVERSITY LIBRARY ASSOCIATES PIUS XII MEMORIAL LIBRARY AT SAINT LOUIS UNIVERSITY 3650 LINDELL BLVD ST LOUIS, MO 63018	43-0654872	501(C)(3)	38,351				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SALVATION ARMY OF MISSOURI AND SOUTHERN ILLINOIS 1130 HAMPTON AVENUE ST LOUIS, MO 63139	22-2406433	501(C)(3)	52,632				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT
SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE ST LOUIS, MO 63139	43-6031234	501(C)(3)	6,432				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT, 1/3 ANNUAL SERVICE FEE FOR ACADEMICWORKS/SCHOLARSHIP CENTRAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	25,137				ENTIRE BALANCE NET OF FEES THEY ARE CLOSING THIS ACCOUNT
SHERWOOD FOREST CAMP INC 2708 SUTTON BLVD ST LOUIS, MO 63143	43-0653401	501(C)(3)	8,981				GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHSIDE EARLY CHILDHOOD CENTER 2101 S JEFFERSON AVENUE ST LOUIS, MO 63104	43-0685348	501(C)(3)	5,993				GIVE STL DAY 2017 NET GRANT
SPECIAL OLYMPICS MISSOURI 2945 S BRENTWOOD ST LOUIS, MO 63144	23-7328374	501(C)(3)	55,514				GIVE STL DAY 2017 NET GRANT, GENERAL SUPPORT, FOR THE CAPITAL CAMPAIGN PLEASE ASSURE THIS GRANT IS COUNTED FOR THE MATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECIAL SCHOOL DISTRICT 12110 CLAYTON ROAD ST LOUIS, MO 63131	43-1900784	GOV	36,000				TO PROVIDE PROGRAM SUPPORT FOR JUNIORS AND SENIORS ENROLLED IN COSMETOLOGY
SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL 3800 PARK AVENUE ST LOUIS, MO 63110	43-0738490	501(C)(3)	49,951				PURCHASE OF NICU VENTILATOR AS APPROVED BY DR FAROUK SADIQ, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST ANDREW'S CHARITABLE FOUNDATION 6633 DELMAR BLVD ST LOUIS, MO 63130	26-0568165	501(C)(3)	26,243				SUPPORT OF THE 2017 GALA, GIVE STL DAY 2017 NET GRANT
ST LOUIS ALTENHEIM 5408 S BROADWAY ST LOUIS, MO 631112097	43-0653512	501(C)(3)	16,900				ANNUAL DISTRIBUTION "FOR THE PURPOSE OF PROVIDING ADDITIONAL COMFORTS FOR THE [RESIDENTS] OF SAID HOME", ANNUAL DISTRIBUTION "FOR THE SUPPORT AND MAINTENANCE OF THE AGED"



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LOUIS ARC 1177 NORTH WARSON ROAD ST LOUIS, MO 63132	43-0718811	501(C)(3)	6,289				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT
ST LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)(3)	10,917				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION PO BOX 955423 ST LOUIS, MO 631951077	43-1626863	501(C)(3)	9,605				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
ST LOUIS DOWNTOWN NEIGHBORHOOD ASSOCIATION 318 NORTH 8TH STREET ST LOUIS, MO 63101	32-0441999	501(C)(3)	5,111				2017 GIVE STL DAY NET GRANT

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ST LOUIS MERCANTILE LIBRARY ASSOCIATION UMSL/THOMAS JEFFERSON BUILDING ONE UNIVERSITY BOULEVARD ST LOUIS, MO 63121	43-0694564	501(C)(3)	40,725				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
ST LOUIS PUBLIC RADIO UNIVERSITY OF MISSOURI-STL 3651 OLIVE STREET ST LOUIS, MO 63108	43-6003859	501(C)(3)	9,157				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LOUIS PUBLIC SCHOOLS BOARD OF EDUCATION 801 NORTH 11TH STREET ST LOUIS, MO 63101	43-6003220	501(C)(3)	7,200				ANNUAL DISTRIBUTION "TO BE DISTRIBUTED BY THE EXECUTIVE DIRECTOR OF STUDENT SUPPORT SERVICES TO MEET THE EMERGENCY NEEDS OF STUDENTS AGES 13 AND OLDER, WHEN SUCH NEEDS DIRECTLY AFFECT THEIR ABILITY TO REMAIN IN SCHOOL"
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	01-0584486	501(C)(3)	5,858				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LUKE'S HOSPITAL 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	52,674				CAPITAL CAMPAIGN, 2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
ST MARGARET OF SCOTLAND SCHOOL 3964 CASTLEMAN AVENUE ST LOUIS, MO 63110	43-0653523	501(C)(3)	21,371				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST PATRICK CENTER 800 NORTH TUCKER ST LOUIS, MO 63101	43-1263499	501(C)(3)	11,669				2017 GIVE STL DAY NET GRANT, ANNUAL DISTRIBUTION "FOR THE CARE OF THE CHILDREN OF NEEDY WORKING WOMEN, WITHOUT REGARD TO THE SEX, NATIONALITY, OR RELIGIOUS AFFILIATION OF THE CHILDREN OR THEIR MOTHERS"
ST VINCENT HOME FOR CHILDREN 7401 FLORISSANT RD NORMANDY, MO 631214835	43-0653319	501(C)(3)	5,909				ANNUAL DISTRIBUTION "FOR THE SUPPORT, MAINTENANCE AND EDUCATION OF ORPHANS", LIFEFOCUS CRISIS RESIDENTIAL PROGRAM SUMMER ACTIVITIES, GIVE STL DAY 2017 NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STAGES ST LOUIS ADMINISTRATION OFFICE 1023 CHESTERFIELD PARKWAY CHESTERFIELD, MO 63017	43-1434156	501(C)(3)	10,070				GIVE STL DAY 2017 NET GRANT, SPONSORSHIP SUPPORT
STRAY HAVEN RESCUE PO BOX 190586 ST LOUIS, MO 63119	27-1619369	501(C)(3)	5,679				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	43-1823801	501(C)(3)	61,197				GIVE STL DAY SUPPORT AS A RESULT OF AN EMPLOYER MATCH FOR LISA PENDEL, GIVE STL DAY 2017 NET GRANT
STS JOACHIM & ANN SCHOOL 4110 MCCLAY ROAD ST CHARLES, MO 63304	43-1253468	501(C)(3)	5,031				2017 GIVE STL DAY NET GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUNSET HILL CEMETERY CITY OF WARRENSBURG 102 S HOLDEN WARRENSBURG, MO 64093	44-6000282	GOV	7,950				GENERAL SUPPORT
SUPPORT DOGS INC 10955 LINPAGE PLACE ST LOUIS, MO 63132	43-1379801	501(C)(3)	5,602				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEEN CHALLENGE OF ST LOUIS 2650 APPLETREE ACRES LANE PO BOX 213 HIGH RIDGE, MO 63049	43-0886733	501(C)(3)	9,314				2017 GIVE STL DAY NET GRANT
TENTH LIFE CAT RESCUE PO BOX 63187 3202 CHEROKEE STREET ST LOUIS, MO 63118	26-4014748	501(C)(3)	18,304				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ABBEY OF SAINT MARY AND SAINT LOUIS 500 SOUTH MASON ROAD ST LOUIS, MO 631418500	43-0713971	501(C)(3)	38,351				ANNUAL DISTRIBUTION TO BENEFIT "ST LOUIS PRIORY AND MONASTERY"
THE BACKSTOPPERS 10411 CLAYTON ROAD SUITE A5 ST LOUIS, MO 63131	43-6032561	501(C)(3)	12,157				SUPPORT FOR THE BRIDGE HAVEN PRO-AM BRIDGE TOURNAMENT, 2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BIOME 4471 OLIVE STREET ST LOUIS, MO 63108	47-1100460	501(C)(3)	10,000				GENERAL SUPPORT
THE CENTER FOR SUSTAINABLE & COOPERATIVE CULTURE AT DANCING RABBIT ECOVLLGE 1 DANCING RABBIT LANE RUTLEDGE, MO 63563	43-1762592	501(C)(3)	5,480				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CHILDREN'S MERCY HOSPITAL DEPARTMENT OF PHILANTHROPY 2401 GILLHAM ROAD KANSAS CITY, MO 641084698	44-0605373	501(C)(3)	8,100				ANNUAL DISTRIBUTION "FOR THE CARE OF CRIPPLED CHILDREN"
THE CROSSING 114 N EATHERTON ROAD CHESTERFIELD, MO 63005	43-1546804	501(C)(3)	50,100				THE "BIG PICTURE " THIS GRANT WILL BE PAID IN THREE ANNUAL DISTRIBUTIONS THE FIRST IS ENCLOSED SUBSEQUENT DISTRIBUTIONS WILL OCCUR IN MAY OF 2018 AND 2019

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HAVEN OF GRACE 1225 WARREN STREET ST LOUIS, MO 63106	43-1611181	501(C)(3)	50,402				AFTERCARE PROGRAM
THE HAWTHORN LEADERSHIP SCHOOL FOR GIRLS PO BOX 50059 ST LOUIS, MO 63105	46-2334548	501(C)(3)	6,026				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JOURNEY FELLOWSHIP 4900 REBER PLACE ST LOUIS, MO 63139	30-0174373	501(C)(3)	153,208				GENERAL SUPPORT
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	10,000				HEARTWORKS GALA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE OASIS INSTITUTE 11780 BORMAN DRIVE ST LOUIS, MO 63146	43-1830354	501(C)(3)	17,530				2017 GIVE STL DAY NET AND MATCHING GRANTS
THE PEACEFUL PROJECT PO BOX 1655 MANCHESTER, MO 63011	82-0558854	501(C)(3)	7,229				2017 GIVE STL DAY NET GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SOCIETY FOR THE PROPAGATION OF THE FAITH ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DRIVE ST LOUIS, MO 63119	43-0653600	501(C)(3)	11,780				GENERAL SUPPORT
THE ST AUSTIN SCHOOL PO BOX 6906 CHESTERFIELD, MO 63006	45-1623593	501(C)(3)	5,612				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE STARKLOFF DISABILITY INSTITUTE 133 S 11TH STREET SUITE 500 ST LOUIS, MO 63102	84-1616567	501(C)(3)	5,114				2017 GIVE STL DAY NET GRANT
THRIVE ST LOUIS GREATER ST LOUIS CRISIS PREGNANCY CENTER 4331 LINDELL BLVD ST LOUIS, MO 63108	43-1304395	501(C)(3)	75,014				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TODAY AND TOMORROW EDUCATIONAL FOUNDATION 20 ARCHBISHOP MAY DRIVE ST LOUIS, MO 631195004	43-0653244	501(C)(3)	5,733				GENERAL SUPPORT, 2017 GIVE STL DAY NET GRANT
TRAILNET INC 411 NORTH 10TH STREET SUITE 202 ST LOUIS, MO 63101	43-1509048	501(C)(3)	12,346				2017 GIVE STL DAY NET GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRAILS REGIONAL LIBRARY 432 NORTH HOLDEN WARRENSBURG, MO 64093	43-1751370	501(C)(3)	7,950				GENERAL SUPPORT
UNITED WAY OF GREATER ST LOUIS INC 910 N 11TH STREET ST LOUIS, MO 631011951	43-0714167	501(C)(3)	1,178,174				GENERAL SUPPORT, SUPPORT OF THE 100 NEEDIEST CASES, WOMEN'S LEADERSHIP COUNCIL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VARIETY THE CHILDREN'S CHARITY OF ST LOUIS 11840 WESTLINE INDUSTRIAL DR SUITE 220 ST LOUIS, MO 63146	43-6078016	501(C)(3)	10,074				2017 GIVE STL DAY NET GRANT
VILLA DUCHESNEOAK HILL SCHOOL 801 SOUTH SPOEDE ROAD ST LOUIS, MO 63131	43-1386584	501(C)(3)	9,898				TURF FIELD, GENERAL SUPPORT, GIVE STL DAY 2017 NET GRANT, CHILDREN'S CHALLENGE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISITING NURSE ASSOCIATION OF GREATER ST LOUIS 11440 OLIVE BLVD SUITE 200 CREVE COEUR, MO 63141	43-1384263	501(C)(3)	6,883				GIVE STL DAY 2017 NET GRANT, GENERAL SUPPORT
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1082 ONE BROOKINGS DRIVE ST LOUIS, MO 631304899	43-0653611	501(C)(3)	198,997				GENERAL SUPPORT, SUPPORT FOR THE LAW SCHOOL, ELIOT SOCIETY SUPPORT FOR THE OLIN SCHOOL, THE ENDOWMENT FUND, SUPPORT FOR THE HILLMAN HALL, DANFORTH CIRCLE CHANCELLOR'S LEVEL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WE STORIES 215 PORTLAND TERRACE ST LOUIS, MO 63119	47-5465628	501(C)(3)	21,572				2017 GIVE STL DAY NET GRANT, GENERAL SUPPORT
WESTMINSTER CHRISTIAN ACADEMY 800 MARYVILLE CENTRE DRIVE CHESTERFIELD, MO 63017	51-0158994	501(C)(3)	50,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILDLIFE RESCUE CENTER DBA WILDLIFE CENTER OF MISSOURI 1128 NEW BALLWIN ROAD BALLWIN, MO 63021	43-1175745	501(C)(3)	6,670				GIVE STL DAY 2017 NET GRANT, GIVE STL DAY SUPPORT AS A RESULT OF AN EMPLOYER MATCH FOR LISA PENDEL
WINGS OF HOPE INC 18370 WINGS OF HOPE BOULEVARD CHESTERFIELD, MO 63005	43-0909606	501(C)(3)	31,139				GIVE STL DAY 2017 NET GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD PEDIATRIC PROJECT 755 SOUTH NEW BALLAS ROAD SUITE 140 140 ST LOUIS, MO 63141	54-1953305	501(C)(3)	16,523				2017 GIVE STL DAY NET GRANT
YALE UNIVERSITY 157 CHURCH STREET PO BOX 208214 NEW HAVEN, CT 065208214	06-0646973	501(C)(3)	6,000				ANNUAL DISTRIBUTION "FOR SCHOLARSHIPS IN THE NAME OF WALTER B HARRIS SO FAR AS MAY BE POSSIBLE, PREFERENCE SHOULD BE GIVEN TO STUDENTS IN THE ST LOUIS AREA"

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YESHIVA HIGH SCHOOL OF ST LOUIS 1146 N WARSON ROAD ST LOUIS, MO 63132	43-1114640	501(C)(3)	6,464				GENERAL SUPPORT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LOUIS COMMUNITY FOUNDATION

Employer identification number  
43-6023126

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LOUIS COMMUNITY FOUNDATION

Employer identification number  
43-6023126

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	533,702	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .	X	1	2,500,000	FAIR MARKET VALUE
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LOUIS COMMUNITY FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

43-6023126

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DRAFT COPY OF FORM 990 WAS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ORGANIZATION'S OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY IN TERESTS THAT COULD GIVE RISE TO CONFLICT THE ENTITY RELIES UPON THE ANNUAL QUESTIONNAIRES COMPLETED BY THE BOARD MEMBERS IN REGARD TO MATTERS RELATED TO ANY CONFLICTS OF INTEREST THE BOARD MAY HAVE WITH THIS ENTITY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE INDEPENDENT EXECUTIVE COMMITTEE DETERMINES SALARY OF CEO AND STAFF IN DOING SO THEY R EFERENCE COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS AND VARIOUS PEER GROUPS TO HEL P DETERMINE OFFICER/KEY EMPLOYEE SALARIES THIS PROCESS WAS LAST UNDERTAKEN IN 2017

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS -810,431

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 12, PART XII, LINE 2C	THE PROCESS DID NOT CHANGE IN THE CURRENT YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LOUIS COMMUNITY FOUNDATION

Employer identification number

43-6023126

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> ST LOUIS COMMUNITY FOUNDATION INC 2 OAK KNOLL PARK  ST LOUIS, MO 63105 43-1758789	TO IMPROVE THE QUALITY OF LIFE IN THE GREATER ST LOUIS METROPOLITAN AREA	MO	501(C)(3)	LINE 8	N/A		No
<b>(2)</b> GREATER ST LOUIS REAL ESTATE FOUNDATION 2 OAK KNOLL PARK  ST LOUIS, MO 63105 20-0089613	TO ADMINISTER GIFTS OF REAL PROPERTY FOR THE BETTERMENT OF ST LOUIS	MO	501(C)(3)	LINE 12A, I	ST LOUIS COMMUNITY FOUNDATION INC		No
<b>(3)</b> ALBERICI FOUNDATION 2 OAK KNOLL PARK  ST LOUIS, MO 63105 20-3676488	TO BENEFIT, PERFORM, AND CARRY OUT THE PURPOSES OF THE ST LOUIS COMMUNITY FO	MO	501(C)(3)	LINE 12A, I	ST LOUIS COMMUNITY FOUNDATION INC		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved





**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)