Form **990-T** (2018)

	Form	990-T	E	Exempt Orga		ısine	ss Inco	me T		eturr)	OMB N	o 1545-0687
		•		•	nd proxy tax ur	ider se						2	N1Q
			For ca	lendar year 2018 or other tax ye			, and en		<u> </u>		- [טוט
		tment of the Treasury al Revenue Service	▶	► Do not enter SSN numbe	r irs gov/Form990T for ers on this form as it m					01(c)(3)		Open to Pt 501(c)(3) O	ublic Inspection rganizations Or
	ΑĹ	Check box if address changed		Name of organization (Check box if name	e changed	and see instru	ctions.)			(Empl	oyer identif oyees' trus ctions)	fication number st, see
	B E	xempt under section	Print	ST. LOUIS C	OMMUNITY F	'OUND	ATION				4	3-60	23126
	X]501(c)(3()7	or	Number, Street, and roor						_	E Unrela		ess activity cod
		408(e) 220(e)	Туре	2 OAK KNOLL		ŕ					(See ii	Succions	')
		408A530(a)		City or town, state or pro		or foreig	n postal code						
		529(a)		ST. LOUIS,							525	990	
	C Bo	ok value of all assets		F Group exemption num	ber (See instructions.)	>							
		78,701,1	20.	G Check organization type	oe ▶ 501(c) c	orporation	1 X 501	(c) trust] 401(a)	trust		Other trust
	H En	iter the number of the	organiza	ation's unrelated trades or	businesses 🕨	1	- 1	Describe	the only (or	r first) un	related		
	tra	de or business here 🕨	► <u>PA</u>	SSTHROUGH IN	COME FROM	K-1	11	fonly one,	complete P	arts I-V.	If more	than one) ,
	de	scribe the first in the b	lank spa	ace at the end of the previo	us sentence, complete	Parts I ar	id II, complete a	a Schedule	M for each	n addition	al trade	or	
	bu	siness, then complete	Parts III	I-V.	<u> </u>					_			
	1 Du	iring the tax year, was	the corp	poration a subsidiary in an	affiliated group or a pa	rent-subs	ıdıary controlle	d group?			Ye	s LX	IJNo
	lf'	'Yes," enter the name a	ınd iden	tifying number of the pare	nt corporation 🕨								
				<u>DWIGHT CANNI</u>					one numbe				
	Pa	rt I Unrelated	d Trac	de or Business Inc	come		(A) Inco	me	(B) E	xpenses			(C) Net
		Gross receipts or sale											
	b	Less returns and allow	wances		c Balance ▶	1c							
	2	Cost of goods sold (S				2							
	3	Gross profit Subtract				3	-						
		Capital gain net incom	•	•		4a							
				Part II, line 17) (attach Forn	n 4797)	4b							
	C	Capital loss deduction				4c		000.			-		-3,000
	5			ship or an S corporation (a	ittach statement)	5	-84,	075.	ST	MT 1			84,075
	6	Rent income (Schedu				6							
	7	Unrelated debt-financ				7							
' -3	8	•		and rents from a controlled	=								
ĸ	9			on 501(c)(7), (9), or (17) c	organization (Schedule								-
にろ	10	Exploited exempt activ				10							
<u></u>	11	Advertising income (S				11							
	12	Other income (See ins				12	0.7	075					07 075
NY:	13	Total. Combine lines		ot Taken Elsewhe	*** (Can instructions	13		075.					87,075
-;	Га			utions, deductions mus					s income)				
	14	· · · · · · · · · · · · · · · · · · ·		rectors, and trustees (Sch							14		
Z	15	Salaries and wages	10010, 01	rectors, and tractices (con							15		3,435
SCANNEL	16	Repairs and mainten	ance	D = -							16		_ 0 / 100
$\ddot{\mathcal{O}}$	17	Bad debts		RECEIVED	$\overline{}$						17	-	
S	18	Interest (attach sche	eule) (s	ee instructions)	1						18		
	19	Taxes and licenses	71	VOV 1 8 2019 7	∤ 1						19		-
	20	, -	ons (Se	e instructions for innitation	Aules) STATEM	ENT	4 SEE	STAT	EMENT	2	20		C
	21							21					
	22	Less depreciation cla	e beinig	n Schedule A and Fisewhe	e on return			22a			22b		
	23	Depletion					_	•			23		
	24	Contributions to defe	erred co	mpensation plans							24		
	25	Employee benefit pro									25		
	26	Excess exempt expe	-								26		
	27	Excess readership co		·							27		
	28	Other deductions (at	•	•			SEE	STAT	EMENT	3	28		1,905
	29	Total deductions A		·	-						29		5,340
	30			ncome before net operatin	g loss deduction. Subt	ract line 2	9 from line 13				30		92,415
	31	Deduction for net op	erating	loss arısıng ın tax years be	ginning on or after Jan	uary 1, 20)18 (see instruc	ctions)			31		
	32	Unrelated business t	axable ı	ncome Subtract line 31 fro	om line 30						32		92,415

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2018)

Part I	III Total Unrelated Business Taxable Income						
33		(`			2 4	1 5
	Total of unrelated business taxable income computed from all unrelated trades or business	ses (see instructions)	33	 9	2,4	15
34	Amounts paid for disallowed fringes	4		34			-
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from	n the sum of			١ ,	2 4	1 =
	lines 33 and 34			36	-9	$\frac{1}{2}, \frac{4}{2}$	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			_37		1,0	00
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater that	in line 36,			_		1 -
D	enter the smaller of zero or line 36			38	<u>-9</u>	2,4	15
Part I							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		•	▶ 39			
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the an	nount on line 38 fror	n:				_
	X Tax rate schedule or Schedule D (Form 1041)		•	► <u>40</u>			0
41	Proxy tax See instructions		•	► <u>41</u>			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income See instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0
Part \							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
b	Other credits (see instructions)	45b	·	_			
C	General business credit Attach Form 3800	45c		_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_			
е	Total credits Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44			46	<u> </u>		0
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Fo	orm 8866 📖 Othe	Γ (attach schedule	e) 47			
48	Total tax Add lines 46 and 47 (see instructions)			48			0
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49			0
50 a	Payments A 2017 overpayment credited to 2018	50a					
b	2018 estimated tax payments	50b			}		
C	Tax deposited with Form 8868	50c			}		
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d					
е	Backup withholding (see instructions)	50e					
f	Credit for small employer health insurance premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments Form 2439						
	Form 4136 Other Total	l ▶ 50g					
51	Total payments Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	▶ 53			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overp.	aid	•	▶ 54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Ì F	efunded 🕨	55			
Part \	VI Statements Regarding Certain Activities and Other Inform	mation (see insti	uctions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a sign					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organ						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name	of the foreign count	ry				
	here ▶	· ·					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor o	f, or transferor to, a	foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.	,	J				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$						
	Under penalties of perjury, I desire that I have examined this return, including accompanying schedule correct, and complete Declaration of preparer if there than taxpayer) is based on all information of which	es and statements, and	o the best of my k	nowledge a	ınd belief, it is	true,	•
Sign	correct, and complete Declaration of preparer (Wher than taxpayer) is based on all information of which	n preparer has any know	ledge T				
Here	\(\mathcal{M} \) \(\lambda \) \(\lambda \) PRES	IDENT & C	EO		tS discuss thi er shown belo		with
	Signature of officer Date Title			instruction		· -	No
	Print/Type preparer's name Preparer's signature /	Date	Check	ıf PTI		7	
n-: 1	10 100		self- employe				
Paid	JOAN B. HUMES Janus Lumes	11-5-19	Jan Jinploye		00943	331	
Prepa	S C TREON AD CONALLERY LLD	_ 	Firm's EIN		1 - 074		
Use (E 1800		=		<u>- , *</u>	
	Firm's address > CT TOUTC MO 63101		Phone no	311	925_4	300	

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation ► N/A	<u> </u>	 			
1 Inventory at beginning of year	1		1	Inventory at end of year			6		
2 Purchases	2		7	Cost of goods sold St	ubtract I	line 6			
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		1	the organization?		<u> </u>			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)	
1 Description of property									
(1)	·	· - .							
(2)									
(3)								• •	
(4)									
	2 Rent receiv	ed or accrued		,					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than) of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar		ted with the income in attach schedule)	ın
(1)									
(2)									
(3)				···			-		
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)	,			<u> </u>	
			2	Gross income from		 Deductions directly con to debt-finance 			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(1	8 Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in	cluded in column	18				>		-	0.

				Exempt	Controlled O	rganizatio	ons				
1 Name of controlled organiza	tion	2 Em identifi num	cation		related income e instructions)	4 Tota payn	al of specified nents made	Includ	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)							-				
(2)							<u></u> .				
(3)											
(4)											
Nonexempt Controlled Organi	zations			<u> </u>							
7 Taxable Income		unrelated incor see instruction		9 Total	of specified pay made	ments	10 Part of coluin the controllingross		nization's		ductions directly connected n income in column 10
(1)			·								
(2)								•			
(3)									-		
(4)	·			†							
	<u> </u>					,	Add colun Enter here and line 8, c		e 1, Part I,	1	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						_ ▶			0.		0
Schedule G - Investme		me of a	Section	1 501(c)((7), (9), or	(17) Or	ganization	1			
•	ription of inco	ome			2 Amount of	ıncome	3 Deduction directly connectated attach scheduler	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)								/			(00: 1 p.00 00: 1)
(2)				··············	1				 		-
(3)	_										
(4)											-
(4)					Enter here and	on page 1			1		Enter here and on page
					Part I, line 9, co	oli pago 1, olumn (A)	1				Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	0.					0_
Schedule I - Exploited (see instru	_	t Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income)			
Description of exploited activity	unrelated incom	Gross d business ne from business	directly i with pr of un	penses connected oduction related is income	4 Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that led	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						1					
(2)											
(3)					 				-		
(4)					 						
(4)	page 1	re and on 1, Part I, , col (A)	page	ere and on 1, Part I, , col (B)					l		Enter here and on page 1, Part II, line 26
Totals		0.		0.							0
Schedule J - Advertisi	na Inco		nstructio		1					-	-
Part I Income From					solidated	Basis			··		
1. Name of periodical		2. Gross advertising income		3 Direct ertising costs	or (loss) (c		5 Circulat		6 Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)									-		
<u> </u>		<u> </u>	 				 		 		
Totals (carry to Part II, line (5))	>		0.	0) .					_	0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		<u></u>					
(3)							
(4)					-		
Totals from Part I		0.	0.			•	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.	Ì			0

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		- %	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM '990-T INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		NET INCOME OR (LOSS)	
RANDALL MFG. INVESTMENT HOLDI INCOME (LOSS) PLYMOUTH STREET HOLDINGS, LLC		-1,45	
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	-82,61	
FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONTRIBUTIONS	N/A	5,523,14	12.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	5,523,14	12.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	
DESCRIPTION		AMOUNT	
LEGAL FEES ACCOUNTING FEES		67 1,22	78. 27.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,90)5.
			_

FORM '990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER	4,688,070 5,088,762 15,879,375 8,211,210	33,867,417		
TOTAL CURRENT YEAR 50% CO TOTAL CONTRIBUTIONS AVAIL TAXABLE INCOME LIMITATION		5,523,142 39,390,559 0		
EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION	NS	39,390,559 39,390,559		
ALLOWABLE CONTRIBUTIONS	DEDUCTION			0
TOTAL CONTRIBUTION DEDUCT	TION			0

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs gov/F1041 for instructions and the latest information

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

column (3) on page 2

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Employer identification number

Schedule D (Form 1041) 2018

ST.	LOUIS COMMUNITY FOUNDATION				43-	6023126
-	Form 5227 filers need to complete only Parts I and II			/0		4
	art I Short-Term Capital Gains and Losses-Gen		1	T	ınstr	
	orm may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part 1,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no		1			
	adjustments (see instructions). However, if you choose to report all			1		
	these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked				· · · · · · ·	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
	Box C checked				1	
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1			4	
	Not chart term goin or (loss) from partnerships. S cornorations, and other	er actatos ar tructo			_	
5 6	Net short-term gain or (loss) from partnerships, S corporations, and othe Short-term capital loss carryover. Enter the amount, if any, from line 9 of				5	
U	Carryover Worksheet	ine 2017 Capital E033			6	1,
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	ımn (h). Enter here and	d on line 17.		Ť	
-	column (3) on page 2	()	•	•	7	
Pa	rt II Long-Term Capital Gains and Losses-Gene	erally Assets H	eld More Than	One Year (S	See ir	nstructions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
This f	orm may be easier to complete if you round off cents to whole dollars.	Proceeds	Cost	Adjustmen to gain or loss	from Part II,	Subtract column (é) from column (d) and
This f	orm may be easier to complete if you round off cents to whole dollars. Totals for all long-term transactions reported on Form 1099-B for	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (é) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked.	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked.	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
8 a 8 b 9	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked.	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
This f	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with	Proceeds	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (e) from column (d) and combine the result
8 a 8 b 9	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked.	Proceeds (sales price)	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II,	Subtract column (é) from column (d) and combine the result
8 a 8 b 9 10	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box E checked.	Proceeds (sales price)	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II, n (g)	Subtract column (é) from column (d) and combine the result
8 a 8 b 9 10 11	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	Proceeds (sales price)	Cost	Adjustmen to gain or loss Form(s) 8949,	from Part II, n (g)	Subtract column (e) from column (d) and combine the result
8 a 8 b 9 10 11 12 13 14	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions. Gain from Form 4797, Part I	Proceeds (sales price) d 8824 estates or trusts	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949,	11 12	Subtract column (e) from column (d) and combine the result
8 a 8 b 9 10 11 12 13	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box E checked. Totals for all transactions reported on Form(s) 8949 with Box F checked. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and Net long-term gain or (loss) from partnerships, S corporations, and other Capital gain distributions.	Proceeds (sales price) d 8824 estates or trusts	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949,	11 12	Subtract column (e) from column (d) and combine the result

Schedule D (Form 1041) 2018 ST. LOUIS COMMUNITY FOUNDATI	ON	43-60231	. 26 Page 2
Part III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part		or trust's	
17 Net short-term gain or (loss)	17		
18 Net long-term gain or (loss).			
a Total for year	18a	-6,400.	-6,400.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c 28% rate gain	18c		
19 Total net gain or (loss) Combine lines 17 and 18a	19	-6,400.	<u>-6,400.</u>
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form			
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete	Part IV and the Capital Loss (Carryover Worksheet, as i	necessary
Part IV Capital Loss Limitation			
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a tr	ust), the smaller of		2 000 .
a The loss on line 19, column (3) or b \$3,000		20 (3,000.)
Note: If the loss on line 19, column (3), is more than \$3,000,or if Form 1041, page 1, li Loss Carryover Worksheet in the instructions to figure your capital loss carryover		38), is a loss, complete t	neCapital
Part V Tax Computation Using Maximum Capital Gains Ra		· · · · · · · · · · · · · · · · · · ·	
Form 1041 filers Complete this part only if both lines 18a and 19 in column (2) are gains, or a	n amount is entered in Part I oi	r Part II and there is an entr	y on Form 1041,
line 2b(2), and Form 1041, line 22, is more than zero			
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions in	f		
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or			
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero		D 11 (5 000 T 11	
Form 990-T trusts Complete this part only if both lines 18a and 19 are gains, or qualified divide			
38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instru) or line 18c, col. (2) is mor	e than zero
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)	21	 	
22 Enter the smaller of line 18a or 19 in column (2)			
but not less than zero 22			
23 Enter the estate's or trust's qualified dividends from Form 1041 line 2b/2) for enter the qualified dividends			
Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)			
24 Add lines 22 and 23 24	-	.	
25 If the estate or trust is filing Form 4952, enter the	-		
amount from line 4g; otherwise, enter -0-		+ 1	
26 Subtract line 25 from line 24. If zero or less, enter -0-	26		
27 Subtract line 26 from line 21. If zero or less, enter -0-	27		
28 Enter the smaller of the amount on line 21 or \$2,600	28		
29 Enter the smaller of the amount on line 27 or line 28	29		
30 Subtract line 29 from line 28. If zero or less, enter -0- This amount is taxed at 0%		▶ 30	
31 Enter the smaller of line 21 or line 26	31		
32 Subtract line 30 from line 26	32		
33 Enter the smaller of line 21 or \$12,700	33		
34 Add lines 27 and 30	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		
36 Enter the smaller of line 32 or line 35	36		
37 Multiply line 36 by 15% (0 15)		▶ 37	
38 Enter the amount from line 31	38		
39 Add lines 30 and 36	39		
40 Subtract line 39 from line 38. If zero or less, enter -0-	_40		
41 Multiply line 40 by 20% (0 20)	1 1	▶ 41	
42 Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for Estates			
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43 Add lines 37, 41, and 42	43		
44 Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates			
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45 Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041,	Schedule	_	
G, line 1a (or Form 990-T, line 40)		45	
810842 12-21-18		Schedule D	(Form 1041) 2018

SCH	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET	S	TATEMENT	5
1.	ENTER THE AMOUNT FROM FORM 990-T, LINE 38		-92,	415
2.	ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT		3,	000
3.	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0			0
4.	ENTER THE SMALLER OF LINE 2 OR LINE 3			0
	NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.			
5.	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT .			0
6.	ENTER ANY GAIN FROM SCHEDULE D, LINE 16	0		
7.	ADD LINES 4 AND 6	<u> </u>		0
8.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2019. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0			0
	NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.			
9.	ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT		6,	400
10.	ENTER ANY GAIN FROM SCHEDULE D, LINE 7	0		
11.	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0	0		
12.	ADD LINES 10 AND 11	. .		0
13.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2019. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0		6,	400