

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 13,074,112

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? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	32
6 Total number of volunteers (estimate if necessary)	24
7a Total unrelated business revenue from Part VIII, column (C), line 12	-84,075
7b Net unrelated business taxable income from Form 990-T, line 34	-92,415

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,018,282	5,523,143
9 Program service revenue (Part VIII, line 2g)	2,329,487	2,791,744
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,758,634	2,222,699
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	246,923	38,753
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,353,326	10,576,339
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,282,794	6,441,626
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,541,504	1,802,790
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,070		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,947,782	2,204,833
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,772,080	10,449,249
19 Revenue less expenses Subtract line 18 from line 12	-2,418,754	127,090
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	87,547,560	78,701,120
21 Total liabilities (Part X, line 26)	457,353	433,127
22 Net assets or fund balances Subtract line 21 from line 20	87,090,207	78,267,993

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: ***** Date: 2019-11-06

AMELIA AJ BOND PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00943331

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 600 WASHINGTON AVENUE SUITE 1800 Phone no (314) 925-4300
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 \$ 10,021,101 including grants of \$ 6,441,626) (Revenue \$ 2,623,734)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 168,010)
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 ▶ 10,021,101

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	32		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	No
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	No
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	No
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			12a	
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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
 DWIGHT CANNING 2 OAK KNOLL PARK ST LOUIS, MO 63105 (314) 588-8200

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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		1,074,984	0 69,362

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 ▶ 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 155 N RIVERCENTER DR SUITE 300 MILWAUKEE, WI 53212	INVESTMENT MANAGEMENT	282,730
BANK OF AMERICA PO BOX 830269 DALLAS, TX 75283	INVESTMENT MANAGEMENT	112,109

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	8,419		
	d Related organizations	1d	1,745,561		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,769,163		
	g Noncash contributions included in lines 1a - 1f \$		1,877,787		
	h Total. Add lines 1a-1f		5,523,143		

Program Service Revenue			Business Code			
	2a ADMINISTRATION SERVICE		813000	2,623,734	2,623,734	
	b GRANT REVIEW FEES		813000	167,010	167,010	
	c GRANT REFUND REVENUE		813000	1,000	1,000	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			2,791,744			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,176,379			2,176,379
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		29,878					
	b Less rental expenses	0					
	c Rental income or (loss)	29,878					
	d Net rental income or (loss)			29,878			29,878
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,536,323					
	b Less cost or other basis and sales expenses	2,490,003					
	c Gain or (loss)	46,320					
	d Net gain or (loss)			46,320			46,320
	8a Gross income from fundraising events (not including \$ 8,419 of contributions reported on line 1c) See Part IV, line 18	a	8,256				
	b Less direct expenses	b	7,770				
c Net income or (loss) from fundraising events			486			486	
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a SALE OF TAX CREDITS		813000	76,984			76,984	
b OTHER REVENUE		813000	4,074			4,074	
c PASSTHROUGH INCOME		813000	-72,669		-84,075	11,406	
d All other revenue							
e Total. Add lines 11a-11d			8,389				
12 Total revenue. See Instructions			10,576,339	2,791,744	-84,075	2,345,527	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,431,626	6,431,626		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	466,944	396,902	70,042	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,115,446	948,129	167,317	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	63,329	53,830	9,499	
9 Other employee benefits.	55,771	47,405	8,366	
10 Payroll taxes.	101,300	86,105	15,195	
11 Fees for services (non-employees)				
a Management.	692,049	692,049		
b Legal.	33,914	30,523	3,391	
c Accounting.	61,355	52,152	9,203	
d Lobbying.	7,500	6,300	1,125	75
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	460,132	460,132		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	43,241	36,323	6,486	432
12 Advertising and promotion.	214,254	179,974	32,138	2,142
13 Office expenses.	188,676	158,488	28,301	1,887
14 Information technology.	137,411	115,425	20,612	1,374
15 Royalties.				
16 Occupancy.	37,659	31,634	5,649	376
17 Travel.	13,305	11,176	1,996	133
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	26,784	22,498	4,017	269
20 Interest.	16,260	13,657	2,439	164
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	108,470	91,115	16,270	1,085
23 Insurance.	32,152	27,008	4,823	321
24 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.)				
a BUSINESS TAXES & FEES	50,283	50,283		
b SPECIAL EVENTS	44,630	37,488	6,696	446
c REPAIRS & MAINTENANCE	17,118	14,379	2,568	171
d PROFESSIONAL DEVELOPMEN	9,151	7,687	1,373	91
e All other expenses	10,489	8,813	1,572	104
25 Total functional expenses. Add lines 1 through 24e.	10,449,249	10,021,101	419,078	9,070
26 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
Assets	1 Cash—non-interest-bearing	3,780	1	5,912
	2 Savings and temporary cash investments	1,428,862	2	3,568,746
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	95,069	4	80,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	82,501	9	82,943
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,045,063		
	b Less accumulated depreciation	597,273		
	11 Investments—publicly traded securities	81,974,109	11	71,783,618
	12 Investments—other securities See Part IV, line 11	2,500,000	12	1,732,111
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,547,560	16	78,701,120	
Liabilities	17 Accounts payable and accrued expenses	368,853	17	331,127
	18 Grants payable	88,500	18	102,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	457,353	26	433,127
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	87,090,207	27	78,267,993
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	87,090,207	33	78,267,993
	34 Total liabilities and net assets/fund balances	87,547,560	34	78,701,120

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,576,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,449,249
3	Revenue less expenses Subtract line 2 from line 1	3	127,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,090,207
5	Net unrealized gains (losses) on investments	5	-6,992,668
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,956,636
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,267,993

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 3a** 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** 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-6023126

Name: ST LOUIS COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

FOR THE 12 MONTHS ENDED 12/31/18, WE SERVICED 180 FUNDS AND ISSUED 1,359 GRANTS TO VARIOUS NOT-FOR-PROFIT ORGANIZATIONS RANGING FROM \$9 68 TO \$1,569,267 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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
THOMAS R COLLINS CHAIR	1 00	X		X				0	0	0
MATTHEW W GEEKIE TREASURER	1 00	X		X				0	0	0
MARVIN D ANDERSON SECRETARY	1 00	X		X				0	0	0
ERIC L HAUSLER DIRECTOR	1 00	X						0	0	0
JAMES M SNOWDEN JR DIRECTOR	1 00	X						0	0	0
JAMES A KREKELER DIRECTOR	1 00	X						0	0	0
MICHAEL P MCMILLAN DIRECTOR	1 00	X						0	0	0
REBECCA S WEAVER DIRECTOR	1 00	X						0	0	0
FELICIA W SHAW DIRECTOR	1 00	X						0	0	0
ELLEN J SHERBERG DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GARY E KROSCH DIRECTOR	1 00	X						0	0	0
MITCH MEYERS DIRECTOR	1 00	X						0	0	0
DENNIS J JACKNEWITZ DIRECTOR	1 00	X						0	0	0
WINTHROP B REED III DIRECTOR	1 00	X						0	0	0
CYNTHIA J KOHLBRY DIRECTOR	1 00	X						0	0	0
JOHN M JENNINGS DIRECTOR	1 00	X						0	0	0
NINA LEIGH KRUEGER DIRECTOR	1 00	X						0	0	0
ALICIA S MCDONNELL DIRECTOR	1 00	X						0	0	0
TERRY E CROW DIRECTOR	1 00	X						0	0	0
C CLINT ZWEIFEL DIRECTOR	1 00	X						0	0	0

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,789,987	4,597,985	4,867,463	5,018,282	5,523,143	25,796,860
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,789,987	4,597,985	4,867,463	5,018,282	5,523,143	25,796,860
5	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)						9,929,463
6	Public support. Subtract line 5 from line 4						15,867,397

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,789,987	4,597,985	4,867,463	5,018,282	5,523,143	25,796,860
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,952,578	1,952,395	1,499,116	1,877,962	2,206,257	9,488,308
9	Net income from unrelated business activities, whether or not the business is regularly carried on		85,818		72,584		158,402
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	442,424	186,359	15,376	60,562	81,058	785,779
11	Total support. Add lines 7 through 10						36,229,349
12	Gross receipts from related activities, etc. (see instructions)					12	10,463,821

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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	43.800%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	40.440%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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 Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	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 Part VI 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.		
	4c		
5a	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 Part VI , 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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 Part VI .		
	6		
7	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).		
	7		
8	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).		
	8		
9a	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 Part VI .		
	9a		
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 Part VI .		
	9b		
c	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 Part VI .		
	9c		
10a	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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	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
1	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
1	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?		
2	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>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2014 AMOUNT \$ 806 2015 AMOUNT \$ 4,168 2016 AMOUNT \$ 15,376 2017 AMOUNT \$ 60,562 2018 AMOUNT \$ 81,058 PASSTHROUGH INCOME - 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		7,500
j Total Add lines 1c through 1i			7,500
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

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 \$625 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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
1 Total number at end of year	49	
2 Aggregate value of contributions to (during year)	3,124,807	
3 Aggregate value of grants from (during year)	2,746,673	
4 Aggregate value at end of year	22,097,210	

- 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	59,786,766	52,848,586	49,447,362	54,828,214	53,750,814
b Contributions	151,803	33,300	30,400	5,800	6,300
c Net investment earnings, gains, and losses	-3,789,056	9,814,785	4,119,667	-2,566,349	3,836,385
d Grants or scholarships	1,663,658	1,634,974	137,431	1,529,699	1,549,550
e Other expenditures for facilities and programs	339,451	447,700	230,832	314,071	13,748
f Administrative expenses	219,408	827,231	380,580	976,533	1,201,987
g End of year balance	53,926,996	59,786,766	52,848,586	49,447,362	54,828,214

- 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 |
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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
1a Land				
b Buildings				
c Leasehold improvements		1,367,759	143,294	1,224,465
d Equipment		677,304	453,979	223,325
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,447,790

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)		
Total. (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)		
Total. (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)	
Total. (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
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

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

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.

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

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, 2018

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization
ST LOUIS COMMUNITY FOUNDATION

Employer identification number
43-6023126

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF TOURNAMENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	16,675			16,675
2	Less Contributions	8,419			8,419
3	Gross income (line 1 minus line 2)	8,256			8,256
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,667			5,667
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,103			2,103
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				7,770
11	Net income summary Subtract line 10 from line 3, column (d) ▶				486

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 178
3 Enter total number of other organizations listed in the line 1 table.

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	4	10,000			
(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	<p>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</p>

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.

(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 non-cash assistance	(h) Purpose of grant or assistance
ALDO LEOPOLD FOUNDATION INC PO BOX 77 BARABOO, WI 53913	39-1423225	501(C)(3)	19,782				GENERAL SUPPORT
ALIVE INC PO BOX 28733 ST LOUIS, MO 63146	43-1298527	501(C)(3)	10,231				CHILDREN'S SERVICES

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ALL AMONG US 107 CARSON ROAD FERGUSON, MO 63135	81-3713934	501(C)(3)	6,664				GENERAL SUPPORT
ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	04-3462719	501(C)(3)	20,000				SUPPORT OF AUGIE'S QUEST

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION GREATER MISSOURI CHAPTER 9370 OLIVE BLVD ST LOUIS, MO 631323214	43-1237069	501(C)(3)	16,193				GENERAL SUPPORT
ANGELS' ARMS 12128A TESSON FERRY ROAD ST LOUIS, MO 63128	43-1894074	501(C)(3)	6,842				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ANIMAL HOUSE FUND 2151 59TH ST ST LOUIS, MO 63110	30-0177612	501(C)(3)	14,251				GIVE STL DAY 2018 NET GRANT
ANIMAL PROTECTIVE ASSOCIATION OF MISSOURI 1705 SOUTH HANLEY ROAD ST LOUIS, MO 63144	43-0699783	501(C)(3)	14,870				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ANNIE MALONE CHILDREN & FAMILY SERVICE CENTER 2612 ANNIE MALONE DRIVE ST LOUIS, MO 631132997	43-0652652	501(C)(3)	20,965				GENERAL SUPPORT, GIVE STL DAY NET GRANT
ANNIE'S HOPE--THE BEREAVEMENT CENTER FOR KIDS 1333 W LOCKWOOD AVE SUITE 104 ST LOUIS, MO 63122	43-1801433	501(C)(3)	6,401				GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ARCH GRANTS 911 WASHINGTON AVENUE ST LOUIS, MO 63101	27-4875945	501(C)(3)	17,800				GENERAL SUPPORT
ARCHCITY DEFENDERS INC 440 N 4TH ST SUITE 390 ST LOUIS, MO 63102	80-0471494	501(C)(3)	17,878				GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ARTS AND EDUCATION COUNCIL OF GREATER ST LOUIS 3547 OLIVE STREET ST LOUIS, MO 631031014	43-0790672	501(C)(3)	14,002				GENERAL SUPPORT
FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR W 140 MAIL STOP 84-84-100 ST LOUIS, MO 63110	43-1648435	501(C)(3)	29,282				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BETHESDA HEALTH GROUP FOUNDATION OF ST LOUIS 1630 DES PERES ROAD SUITE ST LOUIS, MO 631311800	43-1278967	501(C)(3)	16,566				GENERAL SUPPORT
BEYOND HOUSING 6506 WRIGHT WAY ST LOUIS, MO 63121	51-0179471	501(C)(3)	6,049				GENERAL SUPPORT, GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BIRTHDAY PARTY PROJECT 2143 FARRINGTON DALLAS, TX 75207	45-4239630	501(C)(3)	15,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF GREATER ST LOUIS INC 2901 N GRAND AVE ST LOUIS, MO 63107	43-6061693	501(C)(3)	26,670				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BOYS HOPE GIRLS HOPE OF ST LOUIS 8027 ELINOR AVENUE RICHMOND HEIGHTS, MO 63117	43-1202596	501(C)(3)	5,179				GIVE STL DAY 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)	38,990				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.

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ST LOUIS PO BOX 952393 ST LOUIS, MO 631952393	43-0653270	501(C)(3)	50,912				ANNUAL DISTRIBUTION FOR GENERAL SUPPORT, GIVE STL DAY 2018 NET GRANT
CENTRAL PRESBYTERIAN CHURCH 7700 DAVIS DRIVE ST LOUIS, MO 63105	43-0688864	501(C)(3)	18,000				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CENTRAL REFORM CONGREGATION 5020 WATERMAN BLVD ST LOUIS, MO 63108	43-1336060	501(C)(3)	28,262				GENERAL SUPPORT, GIVE STL DAY NET GRANT
CHILD CENTER - MARYGROVE 2705 MULLANPHY LANE FLORISSANT, MO 63031	43-1024440	501(C)(3)	6,558				SPECIAL FRIENDS OF CHILD CENTER, GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CHIPS HEALTH AND WELLNESS CENTER 2431 N GRAND BOULEVARD ST LOUIS, MO 63106	43-1589851	501(C)(3)	23,015				GIVE STL DAY 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)	39,841				GIVE STL DAY 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.

(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 non-cash assistance	(h) Purpose of grant or assistance
CHURCHILL CENTER AND SCHOOL 1021 MUNICIPAL CENTER DRIVE ST LOUIS, MO 63131	43-1123374	501(C)(3)	8,789				GIVE STL DAY 2018 NET GRANT
CIRCUS HARMONY 4120 PARKER ROAD FLORISSANT, MO 63033	43-1918399	501(C)(3)	6,397				GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	31-1619379	501(C)(3)	50,619				GIVE STL DAY NET GRANT
CITY GARDEN MONTESSORI SCHOOL 1618 TOWER GROVE AVENUE ST LOUIS, MO 63110	43-1671014	501(C)(3)	17,128				GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
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""
CLAL - THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP 440 PARK AVENUE SOUTH 4TH NEW YORK, NY 10016	23-7390358	501(C)(3)	25,000				SOLELY FOR GLEAN

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CODERVETS 119 S MAIN ST ST CHARLES, MO 63301	82-1766181	501(C)(3)	25,000				GENERAL SUPPORT
COLLEGE BOUND ST LOUIS 110 NORTH JEFFERSON ST LOUIS, MO 63103	20-4768985	501(C)(3)	36,445				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
COLLEGE KIDS CHILDREN'S SAVINGS ACCOUNTS 1200 G STREET NW SUITE 400 WASHINGTON, DC 20005	52-1141804	501(C)(3)	5,092				GIVE STL DAY 2018 NET GRANT
COMMUNITY FUNDS INC NEW YORK COMMUNITY TRUST 909 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10022	13-3062214	501(C)(3)	21,813				THE SUSAN WELLS DONNELL FUND

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

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL ASSOCIATION 900 LAY ROAD ST LOUIS, MO 63124	43-0653286	501(C)(3)	15,990				GENERAL SUPPORT
CORNELL UNIVERSITY 130 E SENECA STREET SUITE ITHACA, NY 14850	15-0532082	501(C)(3)	10,000				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE CORPORATION 6030 ETZEL AVENUE SAINT LOUIS, MO 63112	43-1108915	501(C)(3)	7,236				GIVE STL DAY 2018 NET GRANT
COVENANT PLACE FOUNDATION COMMUNITY AGING CORPORATION 8 MILLSTONE CAMPUS DR SUITE 2000 ST LOUIS, MO 63146	43-1365901	501(C)(3)	10,408				GENERAL SUPPORT, GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
COVENANT THEOLOGICAL SEMINARY 12330 CONWAY ROAD ST LOUIS, MO 63141	43-0719506	501(C)(3)	30,000				GENERAL SUPPORT
CRIMINAL JUSTICE MINISTRY 1104 S JEFFERSON AVENUE ST LOUIS, MO 63104	46-2647318	501(C)(3)	7,549				GIVE STL DAY NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CROWN CENTER FOR SENIOR LIVING 8350 DELCREST ST LOUIS, MO 63124	43-1695861	501(C)(3)	7,064				GIVE STL DAY NET GRANT, ANNUAL DISTRIBUTION FOR ENDOWMENT, NOT FOR CURRENT OPERATIONS
DAVIS TAX FOUNDATION 6209 MID RIVERS MALL DRIVE ST PETERS, MO 63304	81-2605837	501(C)(3)	5,239				GIVE STL DAY 2018 NET GRANT

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

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DEACONESS FAITH COMMUNITY NURSE MINISTRIES 3159 FEE FEE RD STE 225 BRIDGETON, MO 63044	46-3885766	501(C)(3)	6,757				GIVE STL DAY 2018 NET GRANT
DEAF INC 25 E FRISCO AVE ST LOUIS, MO 63119	26-2617721	501(C)(3)	14,628				GIVE STL DAY 2018 NET GRANT

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

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DONALD DANFORTH PLANT SCIENCE CENTER 975 NORTH WARSON RD ST LOUIS, MO 63132	31-1584621	501(C)(3)	15,545				GENERAL SUPPORT
DOORWAYS 4385 MARYLAND AVENUE ST LOUIS, MO 63108	43-1484279	501(C)(3)	6,604				GIVE STL DAY 2018 NET GRANT

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

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EAGLE VALLEY LAND TRUST PO BOX 3016 EDWARDS, CO 81632	74-2205958	501(C)(3)	20,000				THE LAND CONSERVATION PROGRAM
EARTH DANCE 233 S DADE AVENUE ST LOUIS, MO 63135	27-4160056	501(C)(3)	12,715				GIVE STL DAY 2018 NET GRANT

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EASTER SEALS MIDWEST 11933 WESTLINE INDUSTRIAL DRIVE ST LOUIS, MO 63146	43-0979927	501(C)(3)	10,218				GIVE STL DAY NET GRANT
EQUINE ASSISTED THERAPY 3369 HWY 109 WILDWOOD, MO 63038	20-0319917	501(C)(3)	5,990				GIVE STL DAY 2018 NET GRANT

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

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EQUUS RESCUE AND THERAPY INC PO BOX 1032 COLUMBIA, IL 62236	81-3749088	501(C)(3)	12,390				GIVE STL DAY 2018 NET GRANT
FIRST BAPTIST CHURCH OF ST LOUIS CITY 3100 BELL AVENUE ST LOUIS, MO 63106	43-0271215	501(C)(3)	19,200				GENERAL SUPPORT

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

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FIRST STEP BACK HOME PO BOX 966 OFALLON, MO 63366	20-8676289	501(C)(3)	14,278				GIVE STL DAY 2018 NET GRANT
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LANE ST CHARLES, MO 63303	01-0756138	501(C)(3)	8,672				GIVE STL DAY 2018 NET GRANT

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

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FOCUS ST LOUIS 815 OLIVE STREET ST LOUIS, MO 63101	43-1750172	501(C)(3)	5,868				GIVE STL DAY 2018 NET GRANT
FOREST PARK FOREVER 5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 63112	43-1427062	501(C)(3)	56,396				GIVE STL DAY NET GRANT AND SUPPORT

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

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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)	42,973				GIVE STL DAY NET GRANT
FREEDOM ARTS AND EDUCATION CENTER 1114 BACKER ST SAINT LOUIS, MO 63130	46-1476978	501(C)(3)	6,600				GIVE STL DAY 2018 NET GRANT

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

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GATEWAY CENTER FOR PERFORMING ARTS 8045 BIG BEND STE 200 ST LOUIS, MO 63119	46-4928122	501(C)(3)	8,533				GIVE STL DAY 2018 NET GRANT
GATEWAY FESTIVAL ORCHESTRA OF ST LOUIS PO BOX 50211 ST LOUIS, MO 63105	43-0815081	501(C)(3)	15,392				CHALLENGE GRANT AND 2018 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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GATEWAY PET GUARDIANS 5321 MANCHESTER AVE ST LOUIS, MO 63110	26-0096240	501(C)(3)	23,183				GIVE STL DAY 2018 NET GRANT
GRACE HILL SETTLEMENT HOUSE 2125 BISSELL STREET ST LOUIS, MO 63107	23-7216273	501(C)(3)	6,001				GIVE STL DAY 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)	5,200				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)	76,220				GENERAL SUPPORT, 2018 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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GREATER ST LOUIS CHURCH 9330 STANSBERRY AVENUE ST LOUIS, MO 63134	43-1412491	501(C)(3)	33,336				GENERAL SUPPORT
HARVARD UNIVERSITY 124 MOUNT AUBURN CAMBRIDGE, MA 02138	04-2103580	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.

(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 non-cash assistance	(h) Purpose of grant or assistance
HAVENHOUSE ST LOUIS 25 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043	20-1876315	501(C)(3)	11,268				GIVE STL DAY NET GRANT
HAYIM FISCHER EPSTEIN HEBREW ACADEMY 1138 N WARSON ROAD ST LOUIS, MO 63132	43-6001158	501(C)(3)	6,547				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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HOMEFIRST STL INC 2300 LAFAYETTE AVE ST LOUIS, MO 63104	45-5034228	501(C)(3)	6,062				GIVE STL DAY 2018 NET GRANT
HOPE ANIMAL RESCUES PO BOX 397 GODFREY, IL 62035	20-4809712	501(C)(3)	20,508				GIVE STL DAY 2018 NET GRANT

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HOPE HAPPENS 200 SOUTH HANLEY ROAD ST LOUIS, MO 63105	20-2523211	501(C)(3)	10,050				GIVE STL DAY 2018 NET GRANT
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVE ST LOUIS, MO 63110	43-0652638	501(C)(3)	568,622				2018 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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HUMANS OF ST LOUIS 5012 MARDEL AVE ST LOUIS, MO 63109	37-1835436	501(C)(3)	6,479				GENERAL SUPPORT
IMMACULATE CONCEPTION CATHOLIC CHURCH AND SCHOOL 411 PALMER ROAD COLUMBIA, IL 62236	37-0673591	501(C)(3)	10,189				GIVE STL DAY NET GRANT

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INTERNATIONAL INSTITUTE OF ST LOUIS 3401 ARSENAL ST LOUIS, MO 63118	43-0652640	501(C)(3)	5,692				2018 GIVE STL DAY NET GRANT
INTERNATIONAL PEACE INITIATIVES 1777 SOUTH HARRISON ST DENVER, CO 80210	65-1249494	501(C)(3)	10,000				GENERAL SUPPORT

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JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE CIR EAST ST LOUIS, IL 62204	37-1347709	501(C)(3)	5,800				2018 GIVE STL DAY NET GRANT, GENERAL SUPPORT
JDRF GREATER MISSOURI AND SOUTHERN ILLINOIS CHAPTER 1807 PARK 270 DRIVE SUITE 110 ST LOUIS, MO 63146	23-1907729	501(C)(3)	21,059				FUND A CURE BALANCE

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JDRF-NYC CHAPTER 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	51-0226255	501(C)(3)	14,800				FUND A CURE
JEWISH COMMUNITY CENTER 2 MILLSTONE CAMPUS DR ST LOUIS, MO 631465796	43-0681477	501(C)(3)	8,532				GENERAL SUPPORT

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JEWISH FAMILY & CHILDREN'S SERVICE 10950 SCHUETZ ROAD ST LOUIS, MO 63146	43-0790330	501(C)(3)	7,994				GIVE STL DAY NET GRANT
JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 631465776	43-0652643	501(C)(3)	63,094				GENERAL SUPPORT

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JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241899	43-0652619	501(C)(3)	108,003				GENERAL SUPPORT
KIRKWOOD SCHOOL DISTRICT FOUNDATION 11289 MANCHESTER RD KIRKWOOD, MO 63122	43-1526652	501(C)(3)	10,650				GENERAL SUPPORT

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LIFEBRIDGE PARTNERSHIP 1187 CORPORATE LAKE DRIVE SUITE 100 100 ST LOUIS, MO 63132	43-0692190	501(C)(3)	12,512				GIVE STL DAY 2018 NET GRANT, GENERAL SUPPORT
LIFT FOR LIFE ACADEMY 1731 SOUTH BROADWAY ST LOUIS, MO 63104	43-1535886	501(C)(3)	15,776				GENERAL SUPPORT

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LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144	20-0126713	501(C)(3)	23,593				GENERAL SUPPORT, 2018 GIVE STL DAY NET GRANT
LOGOS INC 9137 OLD BONHOMME ROAD ST LOUIS, MO 63132	43-0968673	501(C)(3)	21,110				2018 GIVE STL DAY NET GRANT

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LUKE 923 MINISTRY 3828 SUMMERVIEW DRIVE ST CHARLES, MO 63304	46-3040477	501(C)(3)	6,699				GIVE STL DAY 2018 NET GRANT
LUTHERAN CAMPUS MINISTRY IN ST LOUIS 7019 FORSYTH BLVD ST LOUIS, MO 63105	43-1609538	501(C)(3)	5,261				GIVE STL DAY 2018 NET GRANT

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

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MARY INSTITUTE & ST LOUIS COUNTRY DAY SCHOOL 101 N WARSON ROAD ST LOUIS, MO 63124	43-0653366	501(C)(3)	22,723				GENERAL SUPPORT, 2018 GIVE STL DAY NET GRANT, SCHOLARSHIPS
MERCY CONFERENCE AND RETREAT CENTER 2039 NORTH GEYER ROAD ST LOUIS, MO 63131	26-2680503	501(C)(3)	7,372				GIVE STL DAY 2018 NET GRANT

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MIAMI CONSERVATORY OF MUSIC INC 2911 GRAND AVENUE SUITE MIAMI, FL 33133	65-0998308	501(C)(3)	30,000				GENERAL SUPPORT
MIRIAM FOUNDATION 501 BACON AVE WEBSTER GROVES, MO 63119	43-0667478	501(C)(3)	12,995				GENERAL SUPPORT

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MISSION ST LOUIS 3108 N GRAND BLVD ST LOUIS, MO 63107	20-8983607	501(C)(3)	22,478				GENERAL SUPPORT, 2018 GIVE STL DAY NET GRANT
MISSOURI BOTANICAL GARDEN 4344 SHAW BOULEVARD ST LOUIS, MO 63166	43-0666759	501(C)(3)	6,313				GENERAL SUPPORT, GIVE STL DAY 2018 NET GRANT

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MISSOURI HISTORICAL SOCIETY PO BOX 410419 KANSAS CITY, MO 64179	43-0654866	501(C)(3)	44,488				GENERAL SUPPORT
MOST HOLY TRINITY CATHOLIC SCHOOL AND ACADEMY 20 ARCHBISHOP MAY DRIVE ST LOUIS, MO 63119	43-0653244	501(C)(3)	5,021				GIVE STL DAY 2018 NET GRANT

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MUNICIPAL THEATRE ASSOCIATION OF ST LOUIS - 1 THEATER DRIVE ST LOUIS, MO 63112	43-0662485	501(C)(3)	10,299				CAPITAL CAMPAIGN
NARAL PRO-CHOICE MISSOURI 1210 S VANDEVENTER ST LOUIS, MO 63110	43-1770549	501(C)(3)	10,457				GIVE STL DAY 2018 NET GRANT

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NATIONAL KIDNEY FDTN OF EASTERN MOMETRO EAST INC 1001 CRAIG ROAD SUITE 480 ST LOUIS, MO 63146	13-1673104	501(C)(3)	11,960				GENERAL SUPPORT
NATURE CONSERVANCY 322 EIGHTH AVENUE 16TH NEW YORK, NY 10001	53-0242652	501(C)(3)	25,000				THE CARIBBEAN CORAL REEF PROGRAM FOR FUND MATCHING

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

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NEEDY PAWS RESCUE 814 HI CREST DRIVE ST LOUIS, MO 63125	46-5424557	501(C)(3)	9,084				GIVE STL DAY 2018 NET GRANT
NEW YORK CITY AUDUBON SOCIETY INC 71 WEST 23RD STREET SUITE NEW YORK, NY 10010	13-3057954	501(C)(3)	15,000				GENERAL SUPPORT

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

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NINE NETWORK OF PUBLIC MEDIA KETC CHANNEL 9 3655 OLIVE ST ST LOUIS, MO 631083601	43-0685345	501(C)(3)	48,252				GENERAL SUPPORT
OASIS INTERNATIONAL MINISTRIES 5035 GRAVOIS AVENUE ST LOUIS, MO 63116	43-1899269	501(C)(3)	16,284				GIVE STL DAY 2018 NET GRANT

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OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	23-7444249	501(C)(3)	22,757				GIVE STL DAY 2018 NET GRANT
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST LOUIS, MO 631193236	43-0821958	501(C)(3)	50,224				2018 GIVE STL DAY NET GRANT, GENERAL SUPPORT

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

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OPERATION FOOD SEARCH 1644 LOTSIE BOULEVARD ST LOUIS, MO 63132	43-1241854	501(C)(3)	6,862				GIVE STL DAY 2018 NET GRANT
PARTNERS FOR PETS PO BOX 445 9136 LOWER MARINE ROAD TROY, IL 62294	36-4521704	501(C)(3)	5,514				GIVE STL DAY 2018 NET GRANT

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(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 non-cash assistance	(h) Purpose of grant or assistance
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""
PLANNED PARENTHOOD OF THE ST LOUIS REGION 4251 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0652666	501(C)(3)	13,869				2018 GIVE STL DAY NET GRANT, GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERY OF GIDDINGS-LOVEJOY 1001 CRAIG ROAD MARYLAND HEIGHTS, MO 63146	23-6393377	501(C)(3)	7,100				GENERAL SUPPORT
PRINCETON UNIVERSITY 330 ALEXANDER STREET PRINCETON, NJ 08540	21-0634501	501(C)(3)	28,500				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
PROJECT MEGSSS INC 2 CITYPLACE DRIVE SUITE ST LOUIS, MO 63141	43-1191496	501(C)(3)	5,500				GIVE STL DAY 2018 NET GRANT
PROVIDENT BEHAVIORIAL HEALTH 2650 OLIVE STREET ST LOUIS, MO 631031489	43-0652630	501(C)(3)	19,637				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

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL 11365 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	43-0666765	501(C)(3)	8,169				GIVE STL DAY 2018 NET GRANT, GENERAL SUPPORT
REPERTORY THEATRE OF ST LOUIS 130 EDGAR ROAD WEBSTER GROVES, MO 631197730	43-0970273	501(C)(3)	13,921				ANNUAL DISTRIBUTION FOR ""THE SUPPORT OF YOUNG ACTORS AND NEW PLAY PROGRAMS"", GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BLVD ST LOUIS, MO 631082791	43-0653244	501(C)(3)	18,218				GIVE STL DAY 2018 NET GRANT
ROSS SCHOOL FOUNDATION PO BOX 582 ROSS, CA 94957	94-2838271	501(C)(3)	7,000				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DRIVE ST LOUIS, MO 631101380	43-1374479	501(C)(3)	45,132				GENERAL SUPPORT, GIVE STL DAY 2018 NET GRANT
SAINT LOUIS PRIORY SCHOOL 500 S MASON ST LOUIS, MO 63141	43-0713971	501(C)(3)	57,539				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS SYMPHONY ORCHESTRA POWELL SYMPHONY HALL 718 N GRAND BLVD ST LOUIS, MO 63103	43-0666769	501(C)(3)	52,401				GIVE STL DAY 2018 NET GRANT
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BLVD DUBOURG HALL 319 ST LOUIS, MO 63103	43-0654872	501(C)(3)	71,795				GENERAL SUPPORT, GIVE STL DAY SUPPORT AND NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS ZOO ASSOCIATION P O BOX 790290 ST LOUIS, MO 631790290	43-1727309	501(C)(3)	5,208				GIVE STL DAY 2018 NET GRANT
SALVATION ARMY OF MISSOURI AND SOUTHERN ILLINOIS 1130 HAMPTON AVENUE ST LOUIS, MO 63139	22-2406433	501(C)(3)	52,317				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE EARLY CHILDHOOD CENTER 2101 S JEFFERSON AVENUE ST LOUIS, MO 63104	43-0685348	501(C)(3)	6,237				GIVE STL DAY 2018 NET GRANT
SPECIAL SCHOOL DISTRICT OF ST LOUIS COUNTY 12110 CLAYTON ROAD ST LOUIS, MO 63131	43-6015057	501(C)(3)	36,000				TO PROVIDE OUT-OF-POCKET PROGRAM COSTS FOR JUNIORS AND SENIORS ENROLLED IN COSMETOLOGY PROGRAMS FOR THE 2018-19 ACADEMIC YEAR

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST ANDREW'S CHARITABLE FOUNDATION 1001 CRAIG ROAD MARYLAND HEIGHTS, MO 63146	26-0568165	501(C)(3)	15,000				GIVE STL DAY NET GRANT
ST LOUIS ALTENHEIM 5408 S BROADWAY ST LOUIS, MO 631112097	43-0653512	501(C)(3)	17,100				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.

(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 non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)(3)	8,269				GIVE STL DAY 2018 NET GRANT
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION PO BOX 955423 ST LOUIS, MO 631951077	43-1626863	501(C)(3)	16,976				2018 GIVE STL DAY NET GRANT, GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 63131	43-1863977	501(C)(3)	8,194				GIVE STL DAY 2018 NET GRANT
ST LOUIS MERCANTILE LIBRARY ASSOCIATION UMSL/THOMAS JEFFERSON BUILDING ONE UNIVERSITY BOULEVARD ST LOUIS, MO 63121	43-0694564	501(C)(3)	39,567				2018 GIVE STL DAY NET GRANT, GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS PUBLIC SCHOOLS FOUNDATION 801 N 11TH ST 3RD FLOOR ST LOUIS, MO 63101	43-1813849	501(C)(3)	17,332				GENERAL SUPPORT
ST LOUIS SCOTT GALLAGHER FOUNDATION ONE SOCCER PARK ROAD FENTON, MO 63026	43-1422788	501(C)(3)	7,732				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	01-0584486	501(C)(3)	7,942				GIVE STL DAY 2018 NET GRANT
ST MARGARET OF SCOTLAND SCHOOL 3964 CASTLEMAN AVENUE ST LOUIS, MO 63110	43-0653523	501(C)(3)	6,546				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK CENTER 800 NORTH TUCKER ST LOUIS, MO 63101	43-1263499	501(C)(3)	11,868				2018 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 PETER'S EPISCOPAL CHURCH 110 N WARSON ROAD ST LOUIS, MO 63124	43-0662493	501(C)(3)	25,000				THE RENOVATION INITIATIVE

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

(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 non-cash assistance	(h) Purpose of grant or assistance
STAGES ST LOUIS ADMINISTRATION OFFICE 1023 CHESTERFIELD PARKWAY CHESTERFIELD, MO 63017	43-1434156	501(C)(3)	18,350				GIVE STL DAY 2018 NET GRANT, SPONSORSHIP SUPPORT
STRAY HAVEN RESCUE PO BOX 190586 ST LOUIS, MO 63119	27-1619369	501(C)(3)	5,814				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103	43-1823801	501(C)(3)	47,786				GIVE STL DAY SUPPORT AS A RESULT OF AN EMPLOYER MATCH FOR LISA PENDEL, GIVE STL DAY 2018 NET GRANT
SUNSET HILL CEMETERY CITY OF WARRENSBURG 102 S HOLDEN WARRENSBURG, MO 64093	44-6000282	GOV	8,050				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
TENTH LIFE CAT RESCUE PO BOX 63187 3202 CHEROKEE STREET ST LOUIS, MO 63118	26-4014748	501(C)(3)	22,184				GIVE STL DAY 2018 NET GRANT
THE ABBEY OF SAINT MARY AND SAINT LOUIS 500 SOUTH MASON ROAD ST LOUIS, MO 631418500	43-0713971	501(C)(3)	38,943				ANNUAL DISTRIBUTION TO BENEFIT ""ST LOUIS PRIORY AND MONASTERY""

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THE BACKSTOPPERS PO BOX 795168 ST LOUIS, MO 63129	43-6032561	501(C)(3)	11,560				GIVE STL DAY NET GRANT
THE BIG MUDDY DANCE COMPANY 3310 SAMUEL SHEPHARD DRIVE ST LOUIS, MO 63103	27-2706005	501(C)(3)	12,916				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) 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)	8,200				ANNUAL DISTRIBUTION ""FOR THE CARE OF CRIPPLED CHILDREN""
THE COVERING HOUSE 8702 MANCHESTER RD ST LOUIS, MO 63144	27-1372748	501(C)(3)	6,170				GIVE STL DAY 2018 NET GRANT

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

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THE HAVEN OF GRACE 1225 WARREN STREET ST LOUIS, MO 63106	43-1611181	501(C)(3)	63,176				AFTERCARE PROGRAM
THE OASIS INSTITUTE 11780 BORMAN DRIVE ST LOUIS, MO 63146	43-1830354	501(C)(3)	22,236				2018 GIVE STL DAY NET AND MATCHING GRANTS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THE REGIONAL BUSINESS COUNCIL 7701 FORSYTH BOULEVARD CLAYTON, MO 63105	43-1913803	501(C)(3)	110,000				GENERAL SUPPORT
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)	11,960				GENERAL SUPPORT

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

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THE STARKLOFF DISABILITY INSTITUTE 133 S 11TH STREET SUITE 500 ST LOUIS, MO 63102	84-1616567	501(C)(3)	14,439				GIVE STL DAY 2018 NET GRANT
THRIVE ST LOUIS GREATER ST LOUIS CRISIS PREGNANCY CENTER 4331 LINDELL BLVD ST LOUIS, MO 63108	43-1304395	501(C)(3)	108,498				GIVE STL DAY 2018 NET GRANT

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

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TRAILNET INC 317 NORTH 11TH STREET SUITE 302 ST LOUIS, MO 63101	43-1509048	501(C)(3)	8,389				GIVE STL DAY NET GRANT
TRAILS REGIONAL LIBRARY 432 NORTH HOLDEN WARRENSBURG, MO 64093	43-1751370	501(C)(3)	8,050				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNION AVENUE OPERA THEATRE 733 N UNION BLVD ST LOUIS, MO 63108	68-0523690	501(C)(3)	6,478				GIVE STL DAY 2018 NET GRANT
UNITED WAY OF GREATER ST LOUIS INC 910 N 11TH STREET ST LOUIS, MO 631011951	43-0714167	501(C)(3)	14,234				GENERAL SUPPORT, WOMEN'S LEADERSHIP COUNCIL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOURI - ST LOUIS ONE UNIVERSITY BLVD ST LOUIS, MO 63121	43-6003859	501(C)(3)	6,300				GENERAL SUPPORT
URBAN K-LIFE PO BOX 23369 ST LOUIS, MO 63156	20-2605251	501(C)(3)	29,382				GENERAL SUPPORT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
VAIL VETERANS FOUNDATION PO BOX 6473 VAIL, CO 81658	20-5254885	501(C)(3)	15,000				GENERAL SUPPORT
VARIETY THE CHILDREN'S CHARITY OF ST LOUIS 11840 WESTLINE INDUSTRIAL DR SUITE 220 ST LOUIS, MO 63146	43-6078016	501(C)(3)	10,534				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION OF GREATER ST LOUIS 2029 WOODLAND PARKWAY MARYLAND HEIGHTS, MO 63146	43-1384263	501(C)(3)	5,964				GENERAL SUPPORT
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1101 ONE BROOKINGS DRIVE ST LOUIS, MO 631304899	43-0653611	501(C)(3)	1,126,200				GENERAL SUPPORT, 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.

(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 non-cash assistance	(h) Purpose of grant or assistance
WE CHARITY 339 QUEEN STREET EAST TORONTO, ON CA	16-1533544	501(C)(3)	50,000				WE SCHOOLS MISSOURI
WE STORIES 5017 WASHINGTON PLACE SUITE 102 ST LOUIS, MO 63108	47-5465628	501(C)(3)	33,309				GIVE STL DAY NET GRANT, GENERAL SUPPORT

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

(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 non-cash assistance	(h) 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)	12,613				GIVE STL DAY NET GRANT
WILSON SCHOOL CORPORATION 400 DEMUN ST LOUIS, MO 63105	43-6099964	501(C)(3)	15,882				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
WINGS OF HOPE INC 18370 WINGS OF HOPE BOULEVARD CHESTERFIELD, MO 63005	43-0909606	501(C)(3)	30,860				GIVE STL DAY 2018 NET GRANT
WORLD PEDIATRIC PROJECT 755 SOUTH NEW BALLAS ROAD SUITE 140 140 ST LOUIS, MO 63141	54-1953305	501(C)(3)	22,292				GIVE STL DAY 2018 NET GRANT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 157 CHURCH STREET PO BOX 208214 NEW HAVEN, CT 065208214	06-0646973	501(C)(3)	6,100				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""
YESHIVA HIGH SCHOOL OF ST LOUIS 1146 N WARSON ROAD ST LOUIS, MO 63132	43-1114640	501(C)(3)	6,547				GENERAL SUPPORT

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

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ZION LUTHERAN CHURCH 6121 EAST LOVERS LANE DALLAS, TX 75214	75-6004407	501(C)(3)	100,000				SEED MONEY FOR PHASE 2 OF THE BOLDLY BUILDING ZION'S MISSION CAMPAIGN THE GRANT WILL BE PAID IN 3 INSTALLMENTS
SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE SUITE 100 ST LOUIS, MO 63139	43-6031234	501(C)(3)	7,156				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Name of the organization
ST LOUIS COMMUNITY FOUNDATION

Employer identification number
43-6023126

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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)									
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	1b									
2 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?	2									
<p>3 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									
4 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										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 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										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No								
6 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										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No								
7 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	7	No								
8 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	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMELIA AJ BOND PRESIDENT & CEO	(i)	264,056	50,000	0	12,223	0	326,279	0
	(ii)	0	0	0	0	0	0	0
2 DWIGHT D CANNING VP & CFO	(i)	146,744	25,000	0	6,801	9,468	188,013	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTINE G BURGHOFF DIRECTOR OF GIVING STRATEGIES	(i)	127,281	10,000	0	5,642	13,968	156,891	0
	(ii)	0	0	0	0	0	0	0

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	1,877,787	FAIR MARKET VALUE
10 Securities—Closely held stock				
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)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ST LOUIS COMMUNITY FOUNDATION

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 REFERENCE COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS AND VARIOUS PEER GROUPS TO HELP DETERMINE OFFICER/KEY EMPLOYEE SALARIES THIS PROCESS WAS LAST UNDERTAKEN IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS -1,956,636

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2018

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
(1) 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 7	N/A		No
(2) 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
(3) 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
1 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?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation