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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	2008 ca	lendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 20	09
В	Check if applicable	Please use IRS	C Name of organization	D Employer idea	ntification number
	Addres change Name				
느	lchange	type	Doing Business As		-1346400
Ļ	Initial	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/su	,	
	Termin	Instruc-	4144 LINDELL BLVD.  210	31	4-534-4452
느	Ameno		City or town, state or country, and ZIP + 4	G Gross receipts \$	7,672,467.
	Application pendin	0 [	ST. LOUIS, MO 63108	H(a) Is this a grou	·
	po	F Nar	me and address of principal officer TIMOTHY M. WALTERS	for affiliates?	
			IE AS C ABOVE	H(b) Are all affiliate	es included? Yes No
			us: X 501(c) ( 4		ch a list. (see instructions)
<u>J</u>	<u>Websit</u>	e: ▶ N /	A	H(c) Group exem	
				ear of formation: 198	4 M State of legal domicile: MO
<b>P</b>	<del>_</del>	Summ			
ဗ္ပ	1 1		scribe the organization's mission or most significant activities: TO PROVII		
& Governance	-		OCIAL WELFARE PROGRAMS THAT IMPROVE THE		
ē	2		s box Full if the organization discontinued its operations or disposed of m	ore than 25% of its as	l l
ő	3		of voting members of the governing body (Part VI, line 1a)	}	3 13
92	4		of independent voting members of the governing body (Part VI, line 1b)	-	4 13
ties	5		ber of employees (Part V, line 2a)		5 1
Activities	6		nber of volunteers (estimate if necessary)	}	6 13
Ac		_	ss unrelated business revenue from Part VIII, line 12, column (C)	-	7a 0.
	ь	Net unrela	ated business taxable income from Form 990-T, line 34		7ь 0.
		O		Prior Year	Current Year
e	8		ions and grants (Part VIII, line 1h)		
Revenue	9	•	service revenue (Part VIII, line 2g)	604 10	4 .541 465
æ	10	nvestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	604,18	
	11 (	Jiner reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17c)	11,44	
			10	615,63	
			nd similar amounts paid (Part IX, column (A), Ines +3)  paid to or for members (Part IX, column (A), Ine 4)	426,10	0. 81,600.
	14	Selemas p	77	37,10	9 24 406
Expenses	15	Salanes, (	other compensation, employee benefits (Part X column (A), lines 5-10)  anal fundraising fees (Part IX, column (A), line 1 te)  draising expenses (Part IX, column (D), line 25)  benses (Part IX, column (A), lines 11a-11d, 11f-24f)	7 37,10	8. 24,496.
en	168		nal fundraising fees (Part IX, column (A), line 11e)		
Ĕ	_D		draising expenses (Part IX, column (D), line 25)	92,67	0. 112,708.
	1	· ·	• • • • • •	555,87	
	1	-	enses Add lines 13-17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12	59,75	
<u></u>	3	revenue	less expenses. Subtract line 16 nont line 12		
ets (	20	Fotal acco	ets (Part X, line 16)	Beginning of Year 8,641,55	
ASSI	21		lities (Part X, line 26)	323,80	
Net Assets or	22		s or fund balances Subtract line 21 from line 20	8,317,748	
Ē	art II		ture Block	0,317,74	7,303,788.
<u>)</u>		Under pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the best of my know	wledge and belief, it is true, correct,
	İ	and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge	
	n	_		3	- 5- 2010
He		Sign	nature of officer	Date	
(ات		<b>▶</b> 177	MOTHY M. WALTERS, PRESIDENT		
<b>=</b>			e or print name and title		
Pai		Preparer's			reparer s identifying number
Pai 관	o	signature	Que 12 Get 02/16/10		P00586081
	parer's	Firm's name			3-0352985
Uşe	Only	yours if self-employ	ed), NONE MEMORIAL DRIVE STE 950		
≓ ====================================	ĺ	address, an ZIP + 4	ST. LOUIS, MO 63102	Phone no.	314-231-6232
Ma	y the IR	S discus	s this return with the preparer shown above? (see instructions)		X Yes No
_					

	990 (2008)	ST. LOUIS	PHILANTHE	ROPIC ORG	ANIZATIO	N 43-134	6400	Page 2
1	Briefly describe the orga		e Accomplism	iterits (see instr	uctions)			
						PROGRAMS THAT	IMPR	OVE
	THE QUALITY	OF LIFE FOR	KESIDEM!	S OF THE	CITY OF	ST. LOUIS.		
2	Did the organization und		t program services	during the year v	vhich were not lis	sted on		[]
	the prior Form 990 or 99 If "Yes", describe these		adula O				Yes	X No
3	Did the organization cea			nges in how it con	ducts, any progr	ram services?	Yes	X No
	If "Yes", describe these				, ,,			
4	Describe the exempt pu							
	allocations to others, the					he amount of grants and		
4a	(Code	) (Expenses \$	137,271.			) (Revenue \$		)
	EDUCATION, A					AMS TO PROVIDE REN, ELDERLY A		
	SICK RESIDEN				OK CIIIDI	KEN, EUDEKUI A	MD/ OK	<del></del>
						<del></del>		
	-					·		<del></del>
		<del></del>						
4b	(Code <sup>-</sup>	) (Expenses \$	1	ncluding grants o	f\$	) (Revenue \$		)
		·						
				Ē				
			<del></del>					
						· · · · · · · · · · · · · · · · · · ·		<del></del>
4c	(Code.	) (Expenses \$	ı	ncluding grants o	f \$	) (Revenue \$		)
	-							
		<del></del>		<u>.</u>				
				<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>		
	-			<u> </u>	<del></del>			
4d	Other program services	(Describe in Scheduli	e O)					
	(Expenses \$	-	grants of \$		) (Revenue \$			
<u>4e</u>	Total program service	expenses ►\$	137,27	1. (Must equa	I Part IX, Line 25	, column (B).)		<u> </u>
							Form <b>99</b>	<b>(2</b> 008)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	İ		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5	X	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
•	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	$ \mathbf{x} $	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>	**	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		Λ
U	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			Λ
13	located outside the United States? If "Yes," complete Schedule F, Part II			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Part III	46		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		
17		17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	v	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	v
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-+	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a	-	<u> </u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	_24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		1	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Form	9 <mark>90</mark> (2	2008)

			Yes	No_
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form 990 (2008) ST. LOUIS PHILANTHROPIC ORGANIZATION 43-1346400 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body  1a 1			
b	Enter the number of voting members that are independent . 1b 1	<u>3</u>		
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?	2	<u> </u>	X
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?	_3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1		
	by the following:			
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11	L	X
Sec	tion B. Policies			
40-	Does the average have a control parties of interest pales (0.68 No. 8 as to 122.40		Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	405		
_	to conflicts?	12b	-	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-		
13	Does the organization have a written whistleblower policy?	12c		X
14	Does the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		Α
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1
a	The organization's CEO, Executive Director, or top management official?	15a		х
	Other officers or key employees of the organization?	15b	<u> </u>	X
-	Describe the process in Schedule O. (see instructions)	100		
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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	, , , , , , , , , , , , , , , , , , ,		—	
	statements available to the public.			
20	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation 🕨	•	
20	,	ation 🕨		
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz CARLA CARRABINO - 314-534-4452  4144 LINDELL, ST. LOUIS, MO 63108	ation •		

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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 the organization did not co	(B)			(C)				(D)	(E)	(F)
Name and Title	Average	١.	Position					Reportable	Reportable	Estimated
	hours	H	heck	(all	that	app	ly)	compensation from	compensation from related	amount of other
	per week	ndividual trustee or director	1					the	organizations	compensation
		p io	a			sated		organization	(W-2/1099-MISC)	from the
		ruste	nstitutional trustee		)ee	mpen		(W-2/1099-MISC)		organization
		dual	uton	Officer	oldm	estco	ij.			and related organizations
		횰	Insti	ŧ	Key	Highest compensated employee	Form			Organizations
K. KALIMBA KINDELL										
DIRECTOR	1.00	x	İ			ŀ		0.	0.	0.
JAMES E. MARQUIS										
ASST. TREASURER	1.00	X						0.1	0.	0.
DAVID WEBER										
SECRETARY	1.00	Х						0.	0.	0.
MONSIGNOR LOUIS F. MEYER										
DIRECTOR	1.00	X						0.	0.	0.
MYRTLE BAILEY			Ì		Ì					
DIRECTOR	1.00	X	ļ		_	_		0.	0.	0.
EUGENIA DAVIS										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
KARLA MAY										
DIRECTOR	1.00	X		1				0.	0.	0.
DONELL R. WHITFIELD	4 00			1					•	
VICE PRESIDENT	1.00	X	├	ļ		<b>├</b>		0.	0.	0.
TIMOTHY M. WALTERS	1 00	٠,							•	•
PRESIDENT	1.00	X	<u> </u>			$\vdash$		0.	0.	0.
TRACY BEAVERS	1 00	<b>.</b>							0	0
TREASURER TONYA OGDEN	1.00	X	-	_				0.	0.	0.
	1.00	<b>.</b>						0.	0.	0
DIRECTOR SAMUEL COLEMAN	1.00	^		_		-		0.	<u>U.</u>	0.
DIRECTOR	1.00	Y				ŀ		0.	0.	0.
JOYAN JACKSON	1.00	^		<del> </del>		<del>                                     </del>		0.	<u> </u>	<u> </u>
DIRECTOR	1.00	x						o.	0.	0.
DIRECTOR	1.00	^	$\vdash$	ļ	_	<del>                                     </del>		0.		
									:	
			T							
		L								
		1	1	1	1			1		

Name and title    Average   Position (check all that apper week   Position (check all that apper week   Position   Check all that appear week   Position   Check all that appear week   Position   Check all that appear week   Position   Check all that appear week   Position   Check all that appear week   Position    employee Former	(D) Reportable compensation from the organization W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	on ar I s com SC) fi org an	(F) stimated mount of other ipensation rom the janization d related anizations	
Total  Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employee line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If yes, "complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If yes, "complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If yes, "complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization? If yes, "complete Schedule J for such person listed on line 1a receive or accrue compensation from any ure the organization		the organization	organizations	s corr SC) fi org an	pensation rom the janization d related
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person etion B. Independent Contractors  Complete this table for your five highest compensated independent contract	- 100,000 ir				
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors  Complete this table for your five highest compensated independent contract	- 100,000 ir				
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors  Complete this table for your five highest compensated independent contract	- 100,000 ir				
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors  Complete this table for your five highest compensated independent contract	- 100,000 ir				
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person settion B. Independent Contractors  Complete this table for your five highest compensated independent contract	100,000 ir				
Total number of individuals (including those in 1a) who received more than \$ compensation from the organization  Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person settion B. Independent Contractors  Complete this table for your five highest compensated independent contract	100,000 ır				
Did the organization list any former officer, director or trustee, key employed line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation are and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any unthe organization? If "Yes," complete Schedule J for such person etion B. Independent Contractors  Complete this table for your five highest compensated independent contractors		0 .	•	0.	0
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation ar and related organizations greater than \$150,000? If "Yes," complete Schedule Did any person listed on line 1a receive or accrue compensation from any ure the organization? If "Yes," complete Schedule J for such person stion B. Independent Contractors  Complete this table for your five highest compensated independent contractors		·		<b>•</b>	Yes No
Did any person listed on line 1a receive or accrue compensation from any ur the organization? If "Yes," complete Schedule J for such person etion B. Independent Contractors  Complete this table for your five highest compensated independent contract	-	•		3	X
Complete this table for your five highest compensated independent contract			vices rendered to	5	X
	tors that re	eceived more than	1 \$100.000 of com	pensation f	rom
(A) Name and business address		(B) Description of	services	Compe	
					<u></u>

line Ta? If "Yes," complete Schedule J for such Individual									
4	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? If "Yes," complete Schedule J for such individual								
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to								
	the organization? If "Yes," complete Schedule J for such person								
Sec	ction B. Independent Contractors		<u> </u>						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comp	pensation i	from						
	the organization NONE								
	(A) (B)	(0	<del></del>						
	Name and business address Description of services	Compensation							
		_							
		-	-						
2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation								
	from the organization   0								
		Form	990 (2008)						
3200	N8 12-18-08		- ()						
	•								

1b Total

#### 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) but are not required to complete columns (B). (C) and (D).

	not include amounts reported on lines 6b, 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 governments and			-	, · · · · · · · · · · · · · · · · · · ·
	organizations in the U.S. See Part IV, line 21	81,600.	81,600.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ĭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,662.	13,330.	3,332.	
8	Pension plan contributions (include section 401(k)			0,0021	- ,
_	and section 403(b) employer contributions)				
9	Other employee benefits	6,232.	4,986.	1,246.	
10	Payroll taxes	1,602.	1,282.	320.	
11	Fees for services (non-employees)	= / • • •			·
	Management	ì			
b	Legal	2,862.	286.	2,576.	<del>-</del>
c	Accounting	37,197.	3,720.	33,477.	·
d	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,043.	12,965.	24,078.	
g	Other				
12	Advertising and promotion	3,673.	3,673.		
13	Office expenses	4,808.	1,218.	3,590.	· <u> </u>
14	Information technology	1,877.	1,877.		
15	Royalties				
16	Occupancy	10,569.	8,455.	2,114.	
17	Travel	20/0320	0,2000		- <del></del>
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,819.	482.	4,337.	
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	780.	78.	702.	·- · · · · · · · · · · · · · · · · · ·
 23	Insurance	3,377.		3,377.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PHOTOCOPIER	3,467.	3,120.	347.	
	MISCELLANEOUS	2,006.	199.	1,807.	<u></u>
c	TAXES & LICENSES	230.	.=3.5 1	230.	
d					
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	218,804.	137,271.	81,533.	0.
<u> 26</u>	Joint Costs. Check here J If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	į			
22016	educational campaign and fundraising solicitation				Form <b>990</b> (200

832010 12-18-08

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o	) f year	
	1	Cash - non-interest-bearing	11,495.	1		7,1	96
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	62,207.	4	4	0,4	164
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1				
		Part II of Schedule L	6				
ξ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges	5,598.	9		5,5	<u> 98</u>
	10a	Land, buildings, and equipment: cost basis 10a 9,745.					
	b	Less accumulated depreciation. Complete					
		Part VI of Schedule D 10b 8,000.	2,295.	10c	<u>-</u>	1,7	<u> 45</u>
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11	8,559,956.	12	7,49	3,9	<u> 17</u>
	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)	8,641,551.	16	7,57	8,9	20
	17	Accounts payable and accrued expenses	9,228.	17		9,1	<u>.32</u>
	18	Grants payable	314,575.	18	<del></del>		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L					
	2	Secured mortgages and notes payable to unrelated third parties		22			
	23 24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	323,803.	26	<del></del> -	9,1	32
		Organizations that follow SFAS 117, check here X and complete	32370031	20		<u> </u>	
ý		lines 27 through 29, and lines 33 and 34.					
ဦ	27	Unrestricted net assets	8,317,748.	27	7,56	9.7	88
a <u>a</u>	28	Temporarily restricted net assets		28	.,,		
80	29	Permanently restricted net assets		29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here   and					
<u> </u>		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
\SS(	31	Paid in or capital surplus, or land, building, or equipment fund		31			
et 🗸	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ž	33	Total net assets or fund balances	8,317,748.	33	7,56	9,7	88.
	34	Total liabilities and net assets/fund balances	8,641,551.	34	7,57		
Pa	rt XI	Financial Statements and Reporting					
			_			Yes	No
1	Acco	unting method used to prepare the Form 990 🔲 Cash 🛛 🗶 Accrual 📗	Other				
		the organization's financial statements compiled or reviewed by an independent	accountant?		2a		X
		the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon		audıt,			
		w, or compilation of its financial statements and selection of an independent acco			2c	X	<u> </u>
За		result of a federal award, was the organization required to undergo an audit or audi	dits as set forth in the Single	e Audıt			
		nd OMB Circular A-133?			3a		X
<u>b</u>	<u> </u>	es," did the organization undergo the required audit or audits?			3b		L

### SCHEDULE C

(Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 30 (C)(4), (3), or (6) organiza	ations. Complete Part III			
Nan	ne of organization			Empl	loyer identification number
	ST. LOU	JIS PHILANTHROPIC	C ORGANIZATI	ION	43-1346400
Pa	art I-A To be completed b	oy all organizations exer	npt under section	501(c) and section 5	27 organizations.
	See the instructions for	Schedule C for details			
1	Provide a description of the organ	ization's direct and indirect polit	ical campaign activities	s in Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
					·
Pa	rt I-B To be completed b	oy all organizations exen	npt under section	ı 501(c)(3).	
	See the instructions for	Schedule C for details			
1	Enter the amount of any excise tax	x incurred by the organization ur	nder section 4955	▶ \$	
2	Enter the amount of any excise tax	x incurred by organization manag	gers under section 495	55 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
<b>4</b> a	Was a correction made?				└ Yes
	If "Yes," describe in Part IV		·	5044	
Pa	rt I-C To be completed b	by all organizations exen	npt under section	i 501(c), except sectio	n 501(c)(3).
	See the instructions for	Schedule C for details			<del></del>
	Enter the amount directly expende		•		
2	Enter the amount of the filing orga	nization's funds contributed to c	other organizations for	_	
	exempt function activities			• •	-
3	Total of direct and indirect exempt	t function expenditures Add line	s 1 and 2 and enter he	ere and on	
	Form 1120-POL, line 17b			▶\$	Yes No
	Did the filing organization file Form				
5	State the names, addresses and e		•	_	• •
	Enter the amount paid and indicat			•	
	promptly and directly delivered to If additional space is needed, prov		, such as a separate se	egregated fund or a political a	action committee (PAC).
_	· · · · · · · · · · · · · · · · · · ·			1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter 0.	promptly and directly
					delivered to a separate
					political organization.  If none, enter -0
			-		ii floric, circor o .
			-		
	<del>-</del>				
		<del>-</del>			<del></del>
		1	i	l l	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

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Schedule C (Form 990 or 990-EZ) 2008	ST. LOUIS	PHILANTHRO	PIC ORGANIZA	TION 43-	1346400 P	age 2
Part II-A To be completed by	_	-		t filed Form 5/6	88	
(election under sec			hedule C for details.	<del></del>		
	tion belongs to an aff					
Limit	s on Lobbying Expe	nd "limited control" pr inditures unts paid or incurred		(a) Filing organization's totals	(b) Affiliated g totals	roup
1a Total lobbying expenditures to influ	ience public opinion	(grassroots lobbying)				
<b>b</b> Total lobbying expenditures to influ	•					
c Total lobbying expenditures (add lii	-	-, (,,,				
d Other exempt purpose expenditure	•	•				
e Total exempt purpose expenditure		d)				
f Lobbying nontaxable amount Ente	r the amount from th	e following table in bo	th columns.	-		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:			
Not over \$500,000	20% of	the amount on line 1e				
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000			
Over \$17,000,000	\$1,000,	000.				
g Grassroots nontaxable amount (en	tor 25% of line 15					
h Subtract line 1g from line 1a Enter	-	an line a	-	******		-
i Subtract line 1f from line 1c Enter	ŭ		•	-	<del> </del>	
j If there is an amount other than zer			L ration file Form 4720		<u> </u>	
reporting section 4911 tax for this		and m, ald the organiz			Yes	No
(Some organiz	4-Year Ave	• •	Section 501(h) n do not have to comp a through 2f of the inst			
	Lobbying Expe	ndıtures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total	
2a Lobbying non-taxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots non-taxable amount						
e Grassroots ceiling amount					<del> </del>	
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990 EZ) 2008 ST. LOUIS PHILANTHROPIC ORGANIZATION 43-1346400 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures (agree to the prior year) 4 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure in the prior year? 4 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 6 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (line 2c total minus 3 and 4) 6 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (line 2c total minus 3 and 4)		(	a)	(1	b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?  Part staff or management (include compensation in expenses reported on lines 1c through 1i)?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Brailies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  Other activities? If "Yes," describe in Part IV  Total lines 1c through 1i  Data lines 1c th		Yes	No	Am	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?  Part staff or management (include compensation in expenses reported on lines 1c through 1i)?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Brailies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  Other activities? If "Yes," describe in Part IV  Total lines 1c through 1i  Data lines 1c th	During the year, did the filing organization attempt to influence foreign, national, state or				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes." describe in Part IV j Total lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 if file Form 4720 for this year?  2art III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures from the prior year?  2art III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details  1 Dues, assessments and smilar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues  2 Carryover from last year  2 Carryover from last year  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nond					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  2art III-A] To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did (c)(6) if BOTH Part IIII-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes," See Schedule C instructions for details  1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If noti					
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "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 if file Form 4720 for this year?    To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details    Were substantially all (90% or more) dues received nondeductible by members?   1					
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "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 if file Form 4720 for this year?    To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details    Were substantially all (90% or more) dues received nondeductible by members?   1	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
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See the instructions for Schedule C for details  Were substantially all (90% or more) dues received nondeductible by members?  Od the organization make only in-house lobbying expenditures of \$2,000 or less?  Od the organization agree to carryover lobbying expenditures of \$2,000 or less?  Od the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4)  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details  Oues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	or referendum, through the use of  //olunteers?  Pad staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Media advertisemen	or referendum, through the use of  //olunteers?  Part at staff or management (include compensation in expenses reported on lines 1c through 1i)?  //whice a divertisements?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, their staffs, government officials, or a legislative body?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, or any other means?  //whice a contact with legislators, their staffs, governments?  //whice a contact with legislators, their staffs, governments?  //whice a contact with legislators, their staffs, governmen	or referendum, through the use of  folunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Adedia advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Sariats to other organizations for lobbying purposes?  Priect contact with legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  Pither activities? If "Yes," describe in Part IV fotal lines 1c through 1i  Fotal lines 1c through 1i  Fotal lines 1c through 1i  Fotal lines 1c through 1i  For exity enter the amount of any tax incurred under section 4912  For enter the amount of any tax incurred under section 4912  For enter the amount of any tax incurred by organization managers under section 4912  For exity enter the amount of any tax incurred under section 4912  For exity enter the amount of any tax incurred under section 4912  For exity enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or sect 501(c)(6). See the instructions for Schedule C for details  For exity enter the amount of any tax incurred and political expenditures of \$2,000 or less?  For exity enter the amount of any tax incurred and political expenditures from the prior year?  For exity enter the organization agree to carryover lobbying and political expenditures from the prior year?  For exity enter till—A, questions 1 and 2 are answered "No" OR if Part III—A, question 3 is answered "Yes." See Schedule C instructions for details  For exity enter the organization and similar amounts from members  For exity enter the organization and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  For exity enter the exity enter the political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

## Schedule D

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

		ROPIC ORGANIZATION	43-1346400_
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	advised funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
·	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizat		00,1 4417, 1110 7.
•	Preservation of land for public use (e.g., recreation or p		in historically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	i reservation of c	ertified historic structure
2	Complete lines 2a-2d if the organization held a qualified cons	conjution contribution in the form of a	consequences occament on the last day
2		servation contribution in the form of a	Conservation easement on the last day
	of the tax year.		Hold at the Find of the Yea
_	Total number of conservation easements		Held at the End of the Yea
a			2a
D	Total acreage restricted by conservation easements	rustura included in (a)	2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	by the organization during the taxable
	Number of states where property subject to consequence	noment is legated	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe enforcement of the conservation easements it holds?	riodic monitoring, inspection, violation	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the ve	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?	ve samely the requirements or escale.	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expi	
•	include, if applicable, the text of the footnote to the organiza	•	•
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
			· ·
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance o	of public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and b	palance sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of	or research in furtherance of public sea	rvice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fina	
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.	Schedule D (Form 990) 200

	dule D (Form 990) 2008 ST. LOU:	IS PHILANT ollections of A					er Sim		34640 sets (con		
3	Using the organization's accession and other										
	that apply):			-	_				·		
а	Public exhibition	d	Loan	or exch	nange progr	ams					
b	Scholarly research	e									
С	Preservation for future generations									_	
4	Provide a description of the organization's co	llections and explai	n how they fu	rther th	e organizati	ion's exe	empt pur	pose in P	art XIV.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Trust, Escrow and Custodial	Arrangements	. Complete if	organiz	ation answ	ered *Ye	s" to Fo	m 990, F	Part IV, line	9, or	
	reported an amount on Form 990, Par		-	_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contr	ibutions	or other as	sets no	t include	d			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing table.								
									Amour	ıt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	217						Yes		No
b	If "Yes," explain the arrangement in Part XIV					_					
Pai	t V Endowment Funds. Complete if	organization answe	ered "Yes" to	Form 9	90, Part IV,	line 10		-			
	<u>i</u>	(a) Current year	(b) Prior y	ear	(c) Two yea	rs back	(d) Three	years bac	k (e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities			-		:			[		
	and programs										
f	Administrative expenses									_	
9	End of year balance										
2	Provide the estimated percentage of the year	end balance held a	ıs								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Term endowment ▶	6									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are	held an	id administe	ered for t	he organ	ızatıon	ı		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI  │Investments - Land, Building	s, and Equipm	<b>ent.</b> See For	m 990,	Part X, line	10					
	Description of investment	(a) Cost or o		) Cost o	or other	(c) D	epreciat	on	(d) Boo	k value	Э
		basis (investr	nent)	basis (d	other)						
1a	Land						_				
b	Buildings										
С	Leasehold improvements										
d	Equipment				745.		8,0	00.		<u>1,7</u>	<u>45.</u>
e	Other										
Total	Add lines 1a-1e. (Column (d) should equal For	m 990 Part X colu	mn (R) line 1	0(c) )				<b></b>		1 7	15

Schedule D (Form 990) 2008

In Part XIV, 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

12-23-08

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

	dule D (Form 990) 2008 ST. LOUIS PHILANTHROPIC  At XI Reconciliation of Change in Net Assets from Form 99			43-13	346400	Page 4
		o to Financiai S				000
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>&lt;538</u> ,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			804.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u> &lt;757</u>	
4	Net unrealized gains (losses) on investments		4		<u> </u>	<u>.653.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			<u>.653.</u>
10 Par	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial State	ments With Re	venue per	Return	<u> &lt;747</u>	<u>.960.</u>
	Total revenue, gains, and other support per audited financial statements	THE THE	ronae por	1	<529	156
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					130.
2	· · · · · · · · · · · · · · · · · · ·	0-	9,653	,		
a	Net unrealized gains on investments	2a	9,000	-		
D	Donated services and use of facilities	2b		-		
С.	Recoveries of prior year grants	2c		$\dashv$ $\mid$		
d	Other (Describe in Part XIV)	2d		$\dashv$ $\Box$	^	<b>CE3</b>
е	Add lines 2a through 2d			2e		653.
3	Subtract line 2e from line 1			3	<u>&lt;538</u> ,	809.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		_		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12			<u> 5</u>	<u>&lt;538</u> ,	809.
	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements with E	xpenses pe			
1	Total expenses and losses per audited financial statements			1	218,	804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	_2a		<b>→</b>		
b	Prior year adjustments	2b		<b>- </b>		
С	Losses reported on Form 990, Part IX, line 25	_2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	<u>218</u> ,	804.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	_4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18	3.)		5	218,	804.
Pa	t XIV Supplemental Information		.,.			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P irt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	art III, lines 1a and 4	1, Part IV, lines	1b and 2b;	Part V, line	4, Part
Λ, Ρέ	tr XI, iirle 6, Part XII, iirles 20 and 4b, and Part XIII, iirles 20 and 4b.					
			<del></del> -			
		_		<del></del>		
		· · · -		0-1	D/F: 5:	

SCHEDULE I			2	400				OMB No. 1545-0047	5-0047
(rorm 990)			Govern	Governments, and Individuals in the U.S.	s to Organizations luals in the U.S.	ē.		2008	,
Department of the Treasury Internal Revenue Service		▲ Comp	<ul><li>Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.</li><li>▶ Attach to Form 990.</li></ul>	on answered "Yes," on F  ► Attach to Form 990,	," on Form 990, P. m 990.	art IV, lines 21 or 22.		Open to Public Inspection	ublic
Name of the organization	ST. LOUIS	PHILANTHROPIC		RGANIZATION				Employer identification number	number 6400
Part I General Inf	on Grants and	1 Assistance	1					1	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selecti	on	
criteria used to a	criteria used to award the grants or assistance?	ınce?						X Yes	<b>2</b>
ပ္ကု	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	es" on Form 990, Part I	IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	,000 Check this	box if no one recipier	t received more th	an \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if additiona	I space is needed	×
1 (a) Name and ad	1 (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	ınt
į									
<ul><li>2 Enter total numbe</li><li>3 Enter total numbe</li></ul>	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	l government orç	ganizations						
HA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	90) 2008

Schedule I (Form 990) 2008

Part III Grants and Othe

Page 2

43-1346400

(Form 990) 2008 ST. LOUIS PHILANTHROPIC ORGANIZATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: ALL GRANTS		r be used	FOR THE PUI	MUST BE USED FOR THE PURPOSE STATED,	
IN THE SUBMITTED PROPOSAL, BY THE RECE	RECEIVING	IVING ORGANIZATION.		ALL QUALIFYING	
ENTITIES MUST SUBMIT SEMI-ANNUAL REPORTS DOCUMENTING WHAT THE MONIES WERE	EPORTS DO	OCUMENTING	WHAT THE	MONIES WERE	
SPENT ON. THEY MUST ALSO SUBMIT A FORMAL LETTER FROM THEIR AUDITOR	FORMAL 1	LETTER FRO	M THEIR AU	DITOR	
REPRESENTING THAT THE MONIES WERE	SPENT ON	THE PURPO	SPENT ON THE PURPOSES OUTLINED	ED IN THE	
PROPOSAL.					

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization
ST. LOUIS PHILANTHROPIC ORGANIZATION

Employer identification number 43-1346400

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESIDENTS OF THE CITY OF ST. LOUIS.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE REVIEWED BY
THE PRESIDENT OF BOARD OF DIRECTORS, TIMOTHY WALTERS AND THE ORGANIZATIONS
OUTSIDE ACCOUNTANT, JEFFREY RANDLE PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: ST. LOUIS PHILANTHROPIC
ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION B, LINES 12 AND 13:
ST. LOUIS PHILANTHROPIC ORGANIZATION ADOPTED A CONFLICT OF INTEREST
POLICY AND A WHISTLEBLOWER POLICY IN SEPTEMBER OF 2009.

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	eu are filing for an Automatic 3-Month Extension, complete only Part I and check this box		
	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	m 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com-	ip <del>lete</del>	
	only		<b></b>
All of to file	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exten	sion of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file.	ically if nsolid:	(1) you want the additional atted Form 990-T, Instead.
Туре	or Name of Exempt Organization	Emp	loyer Identification number
print		١.	
File by	ST. LOUIS PHILANTHROPIC ORGANIZATION	4	3-1346400
due da filing y			
féburn instruc	300		
	ST. LOUIS, MO 63108		
Chas	k type of return to be filed(file a separate application for each return):		
X	Form 990 Form 990-T (corporation) Form 47		
H	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 50 Form 990-EZ Form 990-T (trust other than above) Form 60		
$\sqcap$	Form 990-PF Form 1041-A Form 8		
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		· · · · · · · · · · · · · · · · · · ·
• Th	CARLA CARRABINO e books are in the care of ▶ 4144 LINDELL - ST. LOUIS, MO 63108		
	lephone No. ► 314-534-4452 FAX No. ►	<del></del>	
• 111	the organization does not have an office or place of business in the United States, check this box	*******	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EtNs of all	memb	ers the extension will cover.
1	request an automatic 3-month (5-months for a corporation required to file Form 990-1) extension of time unt FBBRUARY 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for particular or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization of time until the organization of th		The extension
	➤ X tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u>	<del></del> -	<del>- ·</del>
2	If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
3 <b>a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6059, enter the tentative tax, less any	20	\$
ь	nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	<u> </u>
-	tax payments made, Include any prior year overpayment allowed as a credit.	3b	\$
a	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required.		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions.	3c	\$ N/A
Caut	on. If you are going to make an electronic fund withdrewal with this Form 8868, see Form 8453-EO and Form	8879-1	O for payment instructions.
LHA	For Privacy Act and Panerwork Reduction Act Notice, see Instructions.		Form 8968 (Rev. 4-2009)

823831

Form 8868 (Rev. 4-2009)				Page
If you are filing for an	Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this box	·	<b>▼</b>
	ut II if you have already been granted an automatic 3-month extension on a previ			
	Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II Addition	onal (Not Automatic) 3-Month Extension of Time. Only file the or	iginal (no co	pies needed	) <u>.                                    </u>
Type or Name of Ex	empt Organization		Employer id	lentification number
print ST. LOU	IS PHILANTHROPIC ORGANIZATION	統語意	43-13	346400
File by the extended due date for 41 44 I.T	reet, and room or suite no. If a P.O. box, see instructions.		For IRS use	only
filing the return. See City, town of instructions.	post office, state, and Zir code. For a foreign address, see instructions.		<b>业企业</b>	
Check type of return to  S Form 990  Form 990-BL	be filed (File a separate application for each return): Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-PF Form 990-T (trust other than above) Form 4		Form 522	
STOP! Do not complet	e Part II if you were not already granted an automatic 3-month extension on	a previous	ly filed Forn	n 8868.
Telephone No. ▶ 3  If the organization do  If this is for a Group box ▶	Description of the extension  The tuning and attach a list with the names and strong and the extension of time until the final return that the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension that the extension of the extension that the extension of the extension that the extension that the extension of the extension that the extens	If this EINs of all n d ending eturn AND ACC	is for the winembers the	note group, check thi extension is for.  , 2009 e in accounting perior
nonrefundable cre	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an edits. See instructions.		8a \$	
• • • • • • • • • • • • • • • • • • • •	is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estim de. Include any prior year overpayment allowed as a credit and any amount paid orm 8868.	L.	8b \$	
c Balance Due, Su	btract line 8b from line 8a. Include your payment with this form, or, if required, do or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in:  Signature and Verification		8c \$	N/A
Under penalties of perjury, it is true, correct, and com	I declare that I have examined this form, including accompanying schedules and statement oblete, and that I am authorized to prepare this form.	ts, and to the	best of my kn	owledge and belief,
Signature	Title CRA		Date ►	2/12/10 Form 9969 (Poy 4-20)