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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009**Open to Public Inspection****A** For the **2009** calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**ST. LOUIS CARDINALS COMMUNITY FUND****D/B/A CARDINALS CARE**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

700 CLARK STREET

City or town, state or country, and ZIP + 4

ST. LOUIS, MO 63102**F** Name and address of principal officer **BRADFORD WOOD****700 CLARK STREET, ST. LOUIS, MO 63102****D** Employer identification number**43-1768625****E** Telephone number**(314) 345-9600****G** Gross receipts \$**4,088,500.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1997****M** State of legal domicile: **MO****Part I Summary**

6 Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO MAKE A POSITIVE IMPACT ON KIDS AND THEIR FAMILIES THROUGHOUT CARDINALS FAN TERRITORY		
	2	Check this box <input type="checkbox"/> 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)	3	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5	Total number of employees (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	350	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	697,807.	2,391,239.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	165,142.	<74,102.>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	454,847.	489,880.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,317,796.	2,807,017.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,383,359.	913,273.	
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,574.			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	257,594.	2,405,073.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,640,953.	3,318,346.	
	19	Revenue less expenses Subtract line 18 from line 12	<323,157.>	<511,329.>	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	2,547,267.	2,294,510.	
	22	Net assets or fund balances Subtract line 21 from line 20		156,389.	
			2,547,267.	2,138,121.	

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 ▶ *Bradford Wood* **Signature of officer** **8/18/2010** **Date**

BRADFORD WOOD, CONTROLLER **Type or print name and title**

Paid Preparer's Use Only

Preparer's signature ▶ *James J. Morrison* **Date** **8/11/10** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)**

Firm's name (or yours if self-employed), address, and ZIP + 4 **JOSEPH DECOSIMO AND COMPANY, PLLC** **EIN** ▶

1100 TALLAN FINANCIAL CENTER **CHATTANOOGA, TN 37402** **Phone no.** ▶ **423-756-7100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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ST. LOUIS CARDINALS COMMUNITY FUND

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

PROVIDE FINANCIAL SUPPORT TO AREA ORGANIZATIONS THAT SERVE THE NEEDS
OF CHILDREN IN THE ST. LOUIS AREA.

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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 913,273. including grants of \$ 913,273.) (Revenue \$)
THE PRIMARY PURPOSE OF THE ST. LOUIS CARDINALS COMMUNITY FUND IS TO
BENEFIT ST. LOUIS AREA YOUTH AND YOUTH ORGANIZATIONS BY OFFERING
OUTREACH PROGRAMS PROVIDING BASEBALL INSTRUCTION, OFFERING
OPPORTUNITIES FOR CHILDREN TO ATTEND MAJOR LEAGUE BASEBALL GAMES AND TO
INTERACT WITH MAJOR LEAGUE PLAYERS AND PERSONNEL, PROVIDING AND
REFURBISHING AREA FACILITIES FOR YOUTH BASEBALL ACTIVITIES, AND
PROVIDING FINANCIAL SUPPORT TO MANY WORTHY AREA 501(C)(3) ORGANIZATIONS
THAT EFFECTIVELY AND EFFICIENTLY SERVE THE NEEDS OF CHILDREN IN THE ST.
LOUIS COMMUNITY. THIS PURPOSE IS ACCOMPLISHED BY CONDUCTING VARIOUS
SPECIAL EVENTS AND FUNDRAISERS THROUGHOUT THE YEAR. UP TO 25,000
CHILDREN BENEFITED FROM THE VARIOUS PROGRAMS.

4b (Code) (Expenses \$ 2,000,000. including grants of \$ 2,000,000.) (Revenue \$)
MLB LEGACY GRANT- FOR HOSTING THE 2009 MAJOR LEAGUE BASEBALL ALL-STAR
GAME, MLB GRANTED THE FOUNDATION \$2,000,000. THE \$2,000,000 WAS THEN
DISTRIBUTED TO 165 NON-PROFIT ORGANIZATIONS THROUGHOUT THE ST. LOUIS
AREA. SEE SCHEDULE 1 WITH ORGANIZATIONS AND AMOUNTS ATTACHED.

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 ► \$ 2,913,273.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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 located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	16	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	0	
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 this return (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	6	
b Enter the number of voting members that are independent	6	
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?	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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
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?		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?		

Section 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 for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
BRADFORD S. WOOD - 314-345-9600
700 CLARK STREET, ST. LOUIS, MO 63102

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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, 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 compensate any current officer, director, or trustee

[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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		X
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		X

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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2009)

ST. LOUIS CARDINALS COMMUNITY FUND
D/B/A CARDINALS CARE

Form 990 (2009)

43-1768625 Page **9**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 171,712.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2219527.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2391239.			
Program Service Revenue	2 a _____		Business Code			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			72,947.		72,947.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory		944221.			
	b Less cost or other basis and sales expenses		1,091,270.			
	c Gain or (loss)		<147,049.>			
	d Net gain or (loss)			<147,049.>	<147,049.>	
	8 a Gross income from fundraising events (not including \$ 171,712. of contributions reported on line 1c) See Part IV, line 18		a 680093.			
	b Less direct expenses		b 190213.			
	c Net income or (loss) from fundraising events			489,880.	489,880.	
	9 a Gross income from gaming activities See Part IV, line 19		a			
	b Less direct expenses		b			
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2807017.	342,831.	0.	72,947.

ST. LOUIS CARDINALS COMMUNITY FUND

Form 990 (2009)

D/B/A CARDINALS CARE

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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).

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 governments and organizations in the U.S. See Part IV, line 21	913,273.	913,273.		
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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	8,928.		8,928.	
c Accounting	13,916.		13,916.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,989.		10,989.	
g Other	10,716.		10,716.	
12 Advertising and promotion	6,043.		6,043.	
13 Office expenses	44,365.		4,443.	39,922.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,694.		8,694.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,050.		9,050.	
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.)				
a <u>LEGACY FUND GRANT EXPEN</u>	2,000,000.	2,000,000.		
b <u>ADMINISTRATIVE EXPENSES</u>	265,304.		132,652.	132,652.
c <u>ANNUAL REPORT</u>	18,332.		18,332.	
d <u>MISCELLANEOUS EXPENSES</u>	8,736.		8,736.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,318,346.	2,913,273.	232,499.	172,574.
26 Joint costs. Check here <input type="checkbox"/> 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				

ST. LOUIS CARDINALS COMMUNITY FUND

Form 990 (2009)

D/B/A CARDINALS CARE

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	239,682.	2	250,779.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	350.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	110,683.	8	81,798.
	9 Prepaid expenses and deferred charges		9	4,548.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	2,196,902.	11	1,957,035.
	12 Investments - other securities See Part IV, line 11		12	
	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)	2,547,267.	16	2,294,510.	
Liabilities	17 Accounts payable and accrued expenses		17	76,682.
	18 Grants payable		18	
	19 Deferred revenue		19	79,707.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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 Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	156,389.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,547,267.	27	2,138,121.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	2,547,267.	33	2,138,121.
34 Total liabilities and net assets/fund balances	2,547,267.	34	2,294,510.	

Form 990 (2009)

ST. LOUIS CARDINALS COMMUNITY FUND
D/B/A CARDINALS CARE

Form 990 (2009)

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Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number
43-1768625

The organization is not a private foundation because it is (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

ST. LOUIS CARDINALS COMMUNITY FUND

Schedule A (Form 990 or 990-EZ) 2009 D/B/A CARDINALS CARE

43-1768625 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,368,869.	1,446,568.	1,022,659.	697,807.	391,239.	4,927,142.
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	1,368,869.	1,446,568.	1,022,659.	697,807.	391,239.	4,927,142.
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)						647,102.
6 Public support. Subtract line 5 from line 4						4,280,040.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,368,869.	1,446,568.	1,022,659.	697,807.	391,239.	4,927,142.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,833.	96,958.	124,364.	93,203.	69,464.	456,822.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						5,383,964.
12 Gross receipts from related activities, etc. (see instructions)					12	3,156,429.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	79.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.69 %
16a 33 1/3% support test - 2009. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009 **D/B/A CARDINALS CARE**

Part IV

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

GRANT FOR HOSTING THE 2009 MLB ALL STAR GAME; AMOUNT \$2,000,000

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **ST. LOUIS CARDINALS COMMUNITY FUND
D/B/A CARDINALS CARE**

Employer identification number
43-1768625

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

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 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 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) Revenues included in 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 relating to these items

a Revenues included in 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 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 organization answered "Yes" to 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 XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2316022.				
b Contributions	161,526.	3662254.			
c Net investment earnings, gains, and losses	359,215.	<682,541.>			
d Grants or scholarships	811,729.	650,035.			
e Other expenditures for facilities and programs					
f Administrative expenses	10,989.	13,656.			
g End of year balance	2014045.	2316022.			

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ► 100.00 %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %
- 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 | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(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				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII	Investments - Program Related. See Form 990, Part X, line 13
------------------	---

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX	Other Assets. See Form 990, Part X, line 15
----------------	--

[illegible]

Part X	Other Liabilities. See Form 990, Part X, line 25
---------------	---

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 Footnote. 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

ST. LOUIS CARDINALS COMMUNITY FUND

Schedule D (Form 990) 2009

D/B/A CARDINALS CARE

43-1768625 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,807,017.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,318,346.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<511,329.>
4	Net unrealized gains (losses) on investments	4	433,317.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<331,134.>
9	Total adjustments (net) Add lines 4 through 8	9	102,183.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<409,146.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,419,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	433,317.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	433,317.
3	Subtract line 2e from line 1	3	2,986,241.
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	10,989.
b	Other (Describe in Part XIV)	4b	<190,213.>
c	Add lines 4a and 4b	4c	<179,224.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,807,017.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,497,570.
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 XIV)	2d	190,213.
e	Add lines 2a through 2d	2e	190,213.
3	Subtract line 2e from line 1	3	3,307,357.
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	10,989.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	10,989.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,318,346.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF A FUND

ESTABLISHED TO PROVIDE SUPPORT FOR AREA YOUTH ORGANIZATIONS, YOUTH

BASEBALL ACTIVITIES AND FACILITIES WHICH MEET BOARD OF TRUSTEE

REQUIREMENTS, AND ALSO CONSISTS OF FUNDS THAT ARE ESTABLISHED TO BENEFIT

UNRESTRICTED OPERATIONS. AS OF DECEMBER 31, 2009, THE BOARD OF TRUSTEES

HAD DESIGNATED \$2,014,045 OF UNRESTRICTED NET ASSETS AS A GENERAL

ENDOWMENT FUND TO SUPPORT THE MISSION OF THE ORGANIZATION. SINCE THAT

AMOUNT RESULTED FROM AN INTERNAL DESIGNATION AND IS NOT DONOR RESTRICTED,

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

IT IS CLASSIFIED AND REPORTED AS UNRESTRICTED NET ASSETS.

THE ORGANIZATION HAS HISTORICALLY APPROPRIATED REALIZED ENDOWMENT EARNINGS, THAT DO NOT HAVE DONOR STIPULATIONS, AS UNRESTRICTED. ALL EARNINGS ARE MAINTAINED IN THE FUND UNTIL APPROPRIATED FOR GRANTS TO AREA YOUTH ORGANIZATIONS, ACTIVITIES, FACILITIES AND OPERATIONS OF THE ORGANIZATION. THE GRANTS ARE AWARDED BASED UPON THE CRITERIA SET BY THE ORGANIZATION. THE ORGANIZATION HAS A GOAL TO MAINTAIN ENDOWMENT ASSETS OF \$2 MILLION AND A STRATEGIC APPROACH TO ACCUMULATE \$3 MILLION IN ENDOWMENT ASSETS TO SUPPORT THE TWICE A YEAR GRANT CYCLE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN ACCOUNTING METHOD: -331134.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES: -190213.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES: 190213.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to 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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number
43-1768625

Part I

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

- 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

- 2 a** 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 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			
Total						

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

ST. LOUIS CARDINALS COMMUNITY FUND

Schedule G (Form 990 or 990-EZ) 2009 **D/B/A CARDINALS CARE**

43-1768625 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		WINTER WARM-UP	JERSEY RAFFLE	2		
		(event type)	(event type)	(total number)		
1	Gross receipts	606,603.	213,927.	31,275.	851,805.	
2	Less Charitable contributions	110,876.	54,946.	5,890.	171,712.	
3	Gross income (line 1 minus line 2)	495,727.	158,981.	25,385.	680,093.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	102,708.	77,198.	10,307.	190,213.
	10	Direct expense summary Add lines 4 through 9 in column (d)	▶			(190,213.)
	11	Net income summary Combine line 3, column (d), and line 10	▶			489,880.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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 Combine line 1, column (d), and line 7			

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

ST. LOUIS CARDINALS COMMUNITY FUND

Schedule G (Form 990 or 990-EZ) 2009 D/B/A CARDINALS CARE

43-1768625 Page 3

13 Indicate the percentage of gaming activity operated 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?

15a

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?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization	ST. LOUIS CARDINALS COMMUNITY FUND D/B/A CARDINALS CARE

Employer identification number
43-1768625

Part I	General Information on Grants and Assistance
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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.

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	(f) Method of valuation (book, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--	--	------------------------------------

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

ST. LOUIS CARDINALS COMMUNITY FUND

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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

SCHEDULE I, PART I, LINE 2: THE ST. LOUIS CARDINALS COMMUNITY FUND MONITORS

THE USE OF GRANT FUNDS BY MAKING EACH ENTITY FILL OUT A DETAILED

APPLICATION WHEN APPLYING FOR THE GRANT. ON THIS APPLICATION, EACH ENTITY

MUST DETAIL FUND USAGE. CARDINALS CARE THEN FOLLOWS UP BY MAKING EACH

ENTITY PROVIDE INVOICES AND OTHER PROOF OF FUND USAGE BEFORE LETTING EACH

ENTITY APPLY FOR A NEW GRANT IN THE NEXT GRANT CYCLE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **ST. LOUIS CARDINALS COMMUNITY FUND**
D/B/A CARDINALS CARE

Employer identification number
43-1768625

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRADFORD WOOD	CONTROLLER	0.	SEE SCH. O		X
MICHAEL HALL	EXECUTIVE DIRECTOR	0.	SEE SCH. O		X
WILLIAM O. DEWITT, III	PRESIDENT	0.	SEE SCH. O		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

ST. LOUIS CARDINALS COMMUNITY FUND
D/B/A CARDINALS CARE

Employer identification number

43-1768625

FORM 990, PART VI, SECTION A, LINE 2: ONE BOARD MEMBER AND TWO OFFICERS
OF THE ST. LOUIS CARDINALS COMMUNITY FUND ARE EMPLOYED BY THE ST. LOUIS
CARDINALS, LLC.

FORM 990, PART VI, SECTION B, LINE 11: BRADFORD WOOD WILL REVIEW A COPY OF
THE 990 AND DISTRIBUTE A COPY TO EACH OF THE BOARD MEMBERS FOR COMMENTS AND
QUESTIONS, PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A CONFLICT OF INTEREST
POLICY IN PLACE WHICH IS ROUTINELY MONITORED

FORM 990, PART VI, SECTION B, LINE
15: NOT APPLICABLE; NO COMPENSATION IS PAID, THEREFORE, NO REVIEW IS
NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, SECTION XI, LINE 1: THE ORGANIZATION CHANGED FROM AN INCOME TAX
BASIS OF ACCOUNTING TO ACCRUAL BASIS. THE CHANGE RESULTED IN A
-\$331,134 ADJUSTMENT WHICH IS SHOWN ON SCHEDULE D.

FORM 990, PART XI, LINE 2C: SAME AS LAST YEAR

FORM 990, SCHEDULE L, PART IV: ALL THREE INTERESTED PERSONS ARE
EMPLOYED BY THE ST. LOUIS CARDINALS, LLC

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. LOUIS CARDINALS COMMUNITY FUND
D/B/A CARDINALS CARE

Employer identification number

43-1768625

FORM 990, PART IX, LINE 24A: ST. LOUIS CARDINALS, LLC FURNISHES THE ST.
LOUIS CARDINALS COMMUNITY FUND WITH OFFICE SPACE, UTILITIES AND THE USE
OF PERSONNEL AS NEEDED.

..... Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

Part III

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

[illegible]

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

[illegible]

ST. LOUIS CARDINALS COMMUNITY FUND

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

St. Louis Cardinals Community Foundation
43-1768625
Schedule 1

Organization	Amount
Sts Joachim and Ann Care Services	\$5,000
Warren County Handicapped Services, Inc	\$3,000
Girls On the Run	\$4,000
Care and Counseling	\$3,000
ECH's Carrie Eligson Gietner School	\$2,500
Sistakeeper Empowerment Center	\$3,000
The Foster and Adoptive Care Coalition	\$3,000
Voices for Children	\$3,000
Family Hospice of Belleville Area	\$4,000
The Belle Center	\$3,000
Westgate Christian Academy	\$2,000
The Walker Scottish Rite Clinic for Childhood Language Disorders of St Louis	\$3,000
Camp Fire USA El Dorado Council	\$3,000
The Child Center	\$2,500
Wild Canid Survival and Research Center	\$5,000
Healthy Communities St Charles County	\$2,000
Family Support Network	\$3,000
Eden Childcare	\$2,000
Bible Based Community Church	\$2,500
The Nursery Foundation of St Louis	\$3,000
New Beginnings C-Stars, Inc	\$3,000
Court Appointed Special Advocates (CASA) of St Louis County	\$1,650
2480 Youth Ministry	\$2,000
St Charles Lwanga Center	\$2,000
Wright County Children's Home	\$4,000
Give Kids A Smile	\$10,000
Lemay Child & Family Center	\$3,500
FOCUS St Louis	\$7,500
Big Brothers Big Sisters of Southwestern Illinois	\$2,500
COCA-Center of Creative Arts	\$5,000
Lives Under Construction Boys Ranch	\$1,500
Community Caring Council	\$3,000
Catholic Charities Community Services, St Jane's Center	\$1,500
Catholic Charities Community Services, Midtown	\$1,500
Catholic Charities Community Services, Southside	\$1,500
Catholic Charities Community Services, Father Tolton Center	\$1,500
Sesser Jr Baseball, Inc	\$4,000
St Louis Black Repertory Company, Inc	\$3,000
Marian Middle School	\$1,300
Calamus Little League Association	\$2,300
Big Brothers Big Sisters of Central Missoun	\$1,500
Metro Theater Company	\$3,000
Miram Foundation (for the Miram School)	\$3,000
Vincent Gray Academy	\$1,800
Boys & Girls Club of Carbondale	\$2,000
Kinloch Community Development Association	\$1,500
City of Crocker, Crocker Community Park	\$3,000
Penuel, Inc	\$2,500
Vashon Spirits Youth Association	\$1,500
Vision for Children at Risk	\$3,000
Partners for Conservation-Foundation of DMCC	\$2,000
West End Mt Carmel Community Outreach Service	\$1,500
Variety The Children's Chanty of St Louis, Inc	\$2,440
Almost Home, Inc	\$3,800
Interfaith Partnership/Faith Beyond Walls	\$2,500
Angels' Arms	\$4,000
The ALS Association St Louis Regional Chapter	\$5,000

• **St. Louis Cardinals Community Foundation**
43-1768625
Schedule 1

Organization	Amount
Special Olympics Missouri - St Louis Metro	\$2,500
Jamison Memorial Human Resource & Development Agency	\$5,000
Christian Children's Ministry of Tri-County	\$3,500
Dream For A Day	\$3,000
Diversity Awareness Partnership	\$5,000
Peace for Kids	\$4,000
Missouri Chamber of Commerce Education Foundation	\$2,000
Safe House For Women, Inc	\$2,500
St Louis Learning Disabilities Association, Inc	\$2,600
ALIVE, Inc	\$2,000
H I S K I D S , Inc	\$1,500
Therapeutic Horsemanship	\$2,500
Boy Scout Troop 24	\$2,000
Our Lady of Guadalupe School	\$3,000
Annie's Hope - The Bereavement Center for Kids	\$2,500
Paraquad, Inc	\$3,000
Circus Arts Foundation of Missouri, Inc	\$3,000
CHARACTERplus, a program of Cooperating School Districts	\$5,000
West County Christian School	\$2,500
Progressive Youth Connection	\$1,500
Friends of Kids with Cancer	\$6,000
C H A M P Assistance Dogs, Inc	\$3,000
St Louis Catholic Academy	\$3,000
Assistance League of St Louis	\$5,000
Cystic Fibrosis Foundation	\$5,000
De La Salle Middle School	\$3,000
Ride On St Louis, Inc	\$3,000
Share Pregnancy & Infant Loss Support, Inc	\$5,000
Haven House St Louis	\$4,000
Community Helping Ministry	\$3,000
Special Olympics Illinois, Southwestern Area 12	\$3,200
The Haven of Grace	\$4,260
Kids Enjoy Exercise Now (KEEN) St Louis	\$2,500
Griffin Center	\$3,000
Junior Golf Foundation of Greater St Louis/The First Tee of Greater St Louis	\$4,000
Par or Better Golf Club Inc	\$3,000
Lutheran Association for Special Education (LASE)	\$3,000
Booster Club American Legion Post 133	\$3,000
Saint Louis University/AIMS Program	\$4,000
Sherwood Forest Camp, Inc	\$3,000
Great Rivers Council, Boy Scouts of America	\$4,000
SEMO Youth Substance Abuse Prevention Coalition	\$2,500
Hispanic Festival Inc	\$3,000
Kids' Place	\$3,000
St. John Community Improvement Corporation	\$3,000
Grandview Church	\$3,000
Women In Charge	\$2,500
Boys & Girls Club of St Charles County	\$1,850
Immanuel Lutheran School	\$2,500
Carter County Boosters Association	\$2,000
Circus Day Foundation/Circus Harmony	\$3,000
Johns Hill Music Boosters	\$2,000
Mentor St Louis	\$3,000
St Louis Area Women Religious Collaborative Ministries	\$3,000
Florissant Area Athletic Association (FAAA)	\$5,000
Hoyleton Consolidated School District #29	\$3,000
Pay Back, Inc	\$3,000

St. Louis Cardinals Community Foundation
43-1768625
Schedule 1

Organization	Amount
Juvenile Diabetes Research Foundation-Metro STL/Greater MO Chapter	\$5,000
Covenant House Missouri	\$6,000
American Heart Association (dba Alliance for a Healthier Generation)	\$3,000
St Clair County CASA	\$3,000
St Theresa of Avila Grade School	\$3,000
Cultural Festivals, The Big Read Festival	\$3,000
St Louis Green, Inc	\$4,200
BJC Pediatric Palliative Care Program, Wings	\$3,000
March of Dimes Foundation	\$5,000
Catholic Family Services	\$3,000
Top Notch Inc	\$3,000
Delta Gamma Center for Children with Visual Impairments	\$3,000
Discovering Options	\$3,000
The Little Bit Foundation	\$3,000
American Cancer Society/Camp Sunrise Children's Cancer Camp	\$5,000
Saint Katharine Drexel Elementary School	\$3,000
Everyday Blessings - Faith Assembly of God	\$2,500
Crawford County Foundation	\$3,000
Catch a Falling Star	\$4,000
Special Education Foundation	\$4,500
The Mini School of Jefferson County, Inc	\$3,000
St Agatha School	\$2,500
Children's Miracle Network	\$3,450
Sickle Cell Disease Community Advocates, Inc	\$3,000
Fellowship of Christian Athletes	\$3,500
Jr RBI	\$510
America SCORES St. Louis	\$25,000
Big Brothers/Big Sisters	\$75,000
Diversity Awareness Partnerships	\$1,000
Asthma & Allergy Foundation	\$1,000
ECHO Foundation	\$5,000
John Q Hammonds	\$28,000
Arches to Youth Organization	\$10,473
The Adoption Exchange	\$2,250
Missouri Botanical Garden	\$10,000
Autism Speaks	\$10,000
Heat-Up St Louis	\$13,500
Clarkson EyeCare	\$1,000
St Louis Zoo/Marlin Perkins Society	\$7,000
Whitey Herzog Foundation	\$1,600
Westminster Christian Academy	\$3,000
Pujols Family Foundation	\$5,000
St Louis Gateway Classic Sports Foundation	\$1,500
St Louis Science Center	\$5,080
Herbert Hoover Ballpark	\$279,235
12th & Park City Center	\$28,502
Matthews Dickey Ballfield	\$75,000
Redbird Rookies Saigh Scholarship Endowment	\$250,000
College Bound	\$250,000
Elementary School Scholarship	\$350,000
Healthy Kids Express	\$125,000
Total	<u>\$2,000,000</u>

St. Louis Cardinals Community Foundation
43-1768625
Schedule 2

EIN	Company Name	Address Line 1	City	State	ZIP Code	Amount
	Redbird Rookies Support Grants	100 S 4th Street	St Louis	MO	63102	\$301,758
	Redbird Rookies Baseball Grants	100 S 4th Street	St Louis	MO	63102	\$107,676
	Bailfield Grants	5600 Clayton Drive	St Louis	MO	63110	\$239,351
73-1712404	Academy of St. Louis	73 Burning Tree Drive	St Louis	MO	63017	\$3,000
20-3443231	ACCCESS Academies	3615 Olive Street, Suite 210	St Louis	MO	63108	\$3,000
13-1788491	American Cancer Society	3322 S Campbell, Suite P	Springfield	MO	65807	\$3,000
13-1623888	American Diabetes Association	10820 Sunset Office Drive, Suite 220	Sunset Hills	MO	63127	\$4,660
43-1873533	AmeriCorps St. Louis	1315 Ann Avenue	St Louis	MO	63104	\$3,000
36-2906649	Amvets Post 67, Beecher Veterans Association	532 Gould St	Beecher	IL	60401	\$5,000
43-1532643	aTrek Education Corporation	3547 Olive St., Suite 203	St Louis	MO	63103	\$2,500
43-0722936	Back-To-School Store, National Council of Jewish Women-St. Louis Section	8350 Delcrest Dr	St Louis	MO	63124	\$5,000
	Bartley PTO	603 Bus Hwy 54S	Fulton	MO	65251	\$3,000
43-0653260	Board of Religious Organizations	4262 Cleveland Avenue	St Louis	MO	63110	\$3,000
43-1798929	Boy Scout Troop 553					\$2,500
43-0652676	Boy Scouts of America, Greater St. Louis Area Council	4568 West Pine Boulevard	St Louis	MO	63108	\$5,000
43-1412215	Burns Recovered Support Group	11710 Administration Dr., Suite 2B	St Louis	MO	63146	\$4,000
43-1182426	Buttons and Bows Preschool Development Center	2819 N Union Blvd.	St Louis	MO	63115	\$4,000
42-1445053	Camp Eastman Development Association	PO Box 183	West Burlington	IA	52655	\$2,730
44-0577787	Cape Christian School	1855 Perryville Road	Cape Girardeau	MO	63701	\$3,000
37-1200228	Centralia Rotary Club Foundation	1030 E Calumet	Centralia	IL	62801	\$1,500
20-4180914	Character Education Committee -	Bond Co Community Unit #2, 1000 E State - Route 140	Greenville	IL	62246	\$3,000
43-0923158	Cornerstone Center for Early Learning, Inc	3901 Russell Boulevard	St Louis	MO	63110	\$4,000
	Coulterville Unit District #1	101 West Grant St	Coulterville	IL	62237	\$3,000
43-1108833	Down Syndrome Association of Greater St. Louis	8420 Delmar Blvd., Suite 200	St Louis	MO	63124	\$10,000
43-0653616	Downtown YMCA	1528 Locust Street	St Louis	MO	63103	\$3,000
37-1267233	Eisenhower Elite Energy	P O Box 255	Decatur	IL	62525	\$3,000
43-1714547	Exceptional Equestrians of the Missouri Valley, Inc	PO Box 1384	Washington	MO	63090	\$3,000
43-1473335	Family Advocacy and Community Training (F A C T)	800 Friedens Road, Suite 200	St Charles	MO	63303	\$2,000
	First Baptist Christian Academy of Troy, MO	1000 Elm Tree Rd	Troy	MO	63379	\$3,000
43-1671946	Giant Steps of St. Louis	2685 Metro Boulevard	Maryland Heights	MO	63043	\$2,826
43-1321294	Girls Incorporated of St. Louis	3801 Nelson Drive	St Louis	MO	63121	\$2,920
	Greater Madison Khoury League	1516 2nd St	Madison	IL	62060	\$5,000
44-0610626	Greater St. Louis Area Fellowship of Christian Athletes	1325 N Highway Drive	Fenton	MO	63099	\$5,000
84-1651048	Healing the Children Missouri	P O Box 9227	St Louis	MO	63117	\$3,000
20-3252178	Helmets First!	107 N Main Street, Suite 2B	Columbia	IL	62236	\$4,000
23-1688231	Hillsboro Little League	P O Box 311	Hillsboro	MO	63050	\$3,500
	Holy Redeemer School	17 Joy Ave	Webster Groves	MO	63119	\$1,250
	Immanuel Lutheran School	225 West South Street	Perryville	MO	63775	\$3,000
43-0652112	Junior Achievement of Mississippi Valley, Inc	17339 North Outer Forty Road	Chesterfield	MO	63005	\$5,000
43-1691563	Kirkwood Children's Choral	PO Box 220256	Kirkwood	MO	63122	\$2,800
20-8185890	Lift for Life Gym, Inc	1731 S Broadway	St Louis	MO	63104	\$4,200
37-0662516	Little Flower School	900 Stevenson Drive	Springfield	IL	62703	\$2,500
43-1859076	Loyola Academy of St. Louis	3851 Washington Boulevard	St Louis	MO	63108	\$3,884
43-6002149	Malden Baseball Boosters	505 Burkhardt St	Malden	MO	63863	\$3,000

St. Louis Cardinals Community Foundation
43-1768625
Schedule 2

EIN	Company Name	Address Line 1	City	State	ZIP Code	Amount
43-0827852	National Council on Alcoholism and Drug Abuse-St. Louis Area	8790 Manchester Road	St. Louis	MO	63144	\$3,500
37-1407696	New Baden Athletic Boosters, Inc	1 East Hanover	New Baden	IL	62265	\$1,500
43-1823864	New Horizon Christian School	12 Greenview Church Rd	Centralia	IL	62801	\$3,000
42-1606208	New Vision Counseling	619 North Broadview	Cape Girardeau	MO	63701	\$3,000
43-1028098	North Springfield Betterment Foundation	4832 E. Utca Street	Springfield	MO	65809	\$3,000
43-1869420	Northside Community Center, Inc	4120 Maffitt Avenue	St. Louis	MO	63113	\$3,000
43-1841631	Rainbows for Kids	P O Box 260027	St. Louis	MO	63126	\$3,000
43-1848967	Ready Readers	10270 Bach Boulevard	St. Louis	MO	63132	\$5,000
43-1848967	Ritenour Cardinal Ordinates (R O C)	9100 St. Charles Rock Road	Overland	MO	63114	\$3,000
43-1202003	ShowMe Aquatics & Fitness	2085 Bluestone Drive	St. Charles	MO	63303	\$3,008
43-0685348	South City Church, Gateway for Kids	4522 Tower Grove Pl	St. Louis	MO	63110	\$3,000
43-1735450	Springboard to Learning & Young Audiences of St. Louis, Centene Center for the Arts	3547 Olive Street	St. Louis	MO	63103	\$3,000
43-1374500	SSDN	2930 Iowa Avenue	St. Louis	MO	63118	\$3,345
35-2225932	St. Elizabeth Community Ballpark	615 Hwy 52	St. Elizabeth	MO	65075	\$3,000
43-1741784	St. George School	601 East Main St	Linn	MO	65051	\$2,000
23-7444899	St. Louis ArtWorks	3547 Olive	St. Louis	MO	63103	\$5,000
43-0727700	St. Louis Community College Foundation	300 S. Broadway Blvd	St. Louis	MO	63102	\$4,800
43-0692190	St. Louis Gamers	3390 Tree Court Industrial	St. Louis	MO	63122	\$10,000
43-1646222	St. Louis Internship Program	4232 Forest Park Avenue - #1027	St. Louis	MO	63108	\$6,165
43-1055406	St. Louis Irish Arts	7480 Whitehaven Drive	St. Louis	MO	63123	\$3,000
20-3361149	St. Louis Psychoanalytic Institute	8820 Ladue Rd , 3rd Floor	St. Louis	MO	63124	\$3,000
43-1379801	St. Louis Society for the Physically Disabled	1187 Corporate Lake Drive	St. Louis	MO	63132	\$3,000
43-1825054	St. Paul School	465 New Smizer Mill Road	Fenton	MO	63026	\$3,000
51-0138441	St. Louis Sports Foundation	308 North 21st Street	St. Louis	MO	63103	\$3,000
43-0958608	St. Thomas Park Board	14925 Hidden Spring Dr	St. Thomas	MO	65076	\$4,000
37-1331447	StudioSTL Centene Center for Arts & Education	3547 Olive Street - Suite 300	St. Louis	MO	63103	\$2,700
43-1917113	Support Dogs, Inc	11645 Lilburn Park Road	St. Louis	MO	63146	\$3,000
	Team Activities for Special Kids, Inc	11139 South Town Square - Suite D	St. Louis	MO	63123	\$4,800
	The Magic House, St. Louis Children's Museum	516 S. Kirkwood Road	St. Louis	MO	63122	\$5,000
	U Make It Happen Foundation	3236 California	St. Louis	MO	63118	\$1,500
	University City Childrens Center	6646 Vernon Ave	St. Louis	MO	63130	\$3,000
	Willard Parks & Recreation	P O Box 187	Willard	MO	65781	\$2,000
	Winter's Family Memorial					\$3,400
	Women for Health and Wellness, Inc	700 Logan College Road	Cartersville	IL	62918	\$1,500
	YTEC	4471 Olive	St. Louis	MO	63108	\$3,500
Total						\$913,273

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ST. LOUIS CARDINALS COMMUNITY FUND D/B/A CARDINALS CARE	Employer identification number 43-1768625
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 700 CLARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63102	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

BRADFORD S. WOOD

- The books are in the care of ▶ **700 CLARK STREET - ST. LOUIS, MO 63102**

Telephone No. ▶ **314-345-9600**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ ☒ calendar year **2009** or▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ST. LOUIS CARDINALS COMMUNITY FUND D/B/A CARDINALS CARE		Employer identification number 43-1768625
	Number, street, and room or suite no. If a P.O. box, see instructions 700 CLARK STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63102		

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BRADFORD S. WOOD

• The books are in the care of **700 CLARK STREET - ST. LOUIS, MO 63102**

Telephone No. **314-345-9600**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL INFORMATION FROM THIRD PARTY SOURCES IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Joseph Decosimo** Title **CPA**

Date **3/16/10**

Form 8868 (Rev. 4-2009)

JOSEPH DECOSIMO & COMPANY PLLC
CERTIFIED PUBLIC ACCOUNTANTS
CHATTANOOGA, TENNESSEE 37402

**TAXPAYER'S
COPY**