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Department of the Treasury

Internal Revenue Service

DLN: 93491055005046

OMB No 1545-0052

Open to Public Inspection

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

| For calendar year 2015, or tax year beginning 01-01-2015 , a | | | | | | | and ending 12-31-2015 | | | | | |
|--|----------------------|--|--------------------------------------|--|-----|-------------------------|---|---|--|--|--|--|
| | e of four EWARD I | ndation FAMILY FOUNDATION | | | | A Employer ide | entification numb | er | | | | |
| ٥. | | | | | | 46-1802424 | | | | | | |
| | | street (or P O box number if mail is | not delivered to street address) | Room/suite | | B Telephone nur | nber (see instruction | s) | | | | |
| 22 | 00 WEST | PORT PLAZA DRIVE NO 203 | | | | (314) 317-8900 | | | | | | |
| | | state or province, country, and ZIP of 3146 | or foreign postal code | | | C If exemption | application is pendin | g, check here 🕨 🦵 | | | | |
| G C | neck all | I that apply Initial return | Initial return of a fo | rmer public charity | | D 1 . Foreign or | ganizations, check h | ere 🕨 🦵 | | | | |
| | | ∏Final return ∏Address chan | ☐A mended return ge ☐Name change | | | _ | ganizations meeting | • | | | | |
| <u>u c</u> r | ock tw | pe of organization Section | | foundation | | | k here and attach co Indation status was | imputation terminated | | | | |
| | | 1947(a)(1) nonexempt charita | ble trust 「Other taxable | private foundation | | | n 507(b)(1)(A), ched | | | | | |
| | | et value of all assets at end | JAccounting method F Other (specify) | Cash | | | ition is in a 60-mont | | | | | |
| | | rom Part II, col. (c), \$ 623,558 | (Part I, column (d) must l | pe on cash basıs.) | | under section | n 507(b)(1)(B), ched | ck here 📕 I | | | | |
| _ | rt I | Analysis of Revenue | and Expenses | | | | | Disbursements | | | | |
| | | (The total of amounts in columns necessarily equal the amounts in o instructions)) | (b), (c), and (d) may not | Revenue and expenses per (a) books | (b) | Net investment income | Adjusted net (c) income | for charitable purposes (d) (cash basis only) | | | | |
| | 1 | Contributions, gifts, grants, e | etc , received (attach | | | | | | | | | |
| | | schedule) | | 6,521,327 | | | | | | | | |
| | 2 | Check 🟲 🦵 if the foundation | ıs not required to attach | | | | | | | | | |
| | | Sch B | | | | | | | | | | |
| | 3 | Interest on savings and tem | · • | | | | | - | | | | |
| | 4 | Dividends and interest from | - | 67 | | 58 | | | | | | |
| | 5a | Gross rents | | | | | | | | | | |
| dì | b 6a | Net rental income or (loss) _ Net gain or (loss) from sale o | | -31,304 | | | | | | | | |
| Ĭ | ь | Gross sales price for all asse | | | | | | | | | | |
| Reveilue | " | 2,178,576 | ets on line 6a | | | | | | | | | |
| | 7 | Capital gain net income (fron | n Part IV, line 2) | | | 1,121,601 | | | | | | |
| | 8 | Net short-term capital gain | | | | | | | | | | |
| | 9 | Income modifications | | | | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | | | | |
| | ь | Less Cost of goods sold . | | | | | | | | | | |
| | С | Gross profit or (loss) (attach | schedule) | | | | | | | | | |
| | 11 | Other income (attach schedu | ıle) | | | | | - | | | | |
| | 12 | Total.Add lines 1 through 11 | | 6,490,090 | | 1,121,659 | | - | | | | |
| | 13 | Compensation of officers, dir | ectors, trustees, etc | 0 | | 0 | | 0 | | | | |
| | 14 | Other employee salaries and | wages | | | | | | | | | |
| φ | 15 | Pension plans, employee ber | nefits | | | | | | | | | |
| S Le | 16a | Legal fees (attach schedule) | | _ | | | | | | | | |
| Expenses | Ь | Accounting fees (attach sch | ´ | 40,290 | | 20,145 | | 20,145 | | | | |
| | c | Other professional fees (atta | ch schedule) | | | | | | | | | |
| Admını strative | 17 | Interest | - | | | | | | | | | |
| ¥ | 18 | Taxes (attach schedule) (see | | 36,000 | | 0 | | 0 | | | | |
| II. | 19 | Depreciation (attach schedu | le) and depletion | | | | | | | | | |
| ģ | 20 | Occupancy | | | | | | | | | | |
| and , | 21 | Travel, conferences, and me | | | | | | | | | | |
| | 22 | Printing and publications. Other expenses (attach scho | | % 29,979 | | 160 | | 29,819 | | | | |
| ij | 24 | Total operating and administ | · • | 25,513 | | | | 25,025 | | | | |
| Operating | | Add lines 13 through 23. | · · | 106,269 | | 20,305 | | 49,964 | | | | |
| Ö | 25 | Contributions, gifts, grants p | - | 5,878,907 | | | | 5,878,907 | | | | |
| | 26 | Total expenses and disburser | ļ t | · | | | | | | | | |
| | | 25 | | 5,985,176 | | 20,305 | | 5,928,871 | | | | |
| | 27 | Subtract line 26 from line 12 | | | | | | | | | | |
| | a | Excess of revenue over expe | | 504,914 | | 1 101 254 | | | | | | |
| | b | Net investment income (if ne Adjusted net income(if negation) | - ' | | | 1,101,354 | | | | | | |
| | c | Aujusted het mcome(ii negal | | | | | | 000 05 (000) | | | | |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|----------|--------|---|-----------------------|-----------------|-----------------------|
| Ī | 1 | Cash—non-interest-bearing | 118,644 | 623,558 | • |
| | 2 | Savings and temporary cash investments | , | , | · · |
| | 3 | Accounts receivable | | | |
| | - | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable - | | | |
| | - | Less allowance for doubtful accounts 🕨 | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts 🕨 | | | |
| | 8 | Inventories for sale or use | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | |
| A55 | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | c | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis 🟲 | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 | O ther assets (describe 🟲) | | | |
| | 16 | Total assets(to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 118,644 | 623,558 | 623,558 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| bilities | 19 | Deferred revenue | | | |
| ≣ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 린 | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe 🟲) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 0 | 0 | |
| ام. | | Foundations that follow SFAS 117, check here 🕨 🦵 | | | |
| Balances | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 鴚 | 24 | Unrestricted | | | |
| 8 | 25 | Temporarily restricted | | | |
| Fund | 26 | Permanently restricted | | | |
| | | Foundations that do not follow SFAS 117, check here 🕨 🔽 | | | |
| 5 | | and complete lines 27 through 31. | | | |
| 낉 | 27 | Capital stock, trust principal, or current funds | 0 | 0 | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0 | 0 | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | 118,644 | 623,558 | |
| ₹ | 30 | Total net assets or fund balances(see instructions) | 118,644 | 623,558 | |
| | 31 | Total liabilities and net assets/fund balances(see instructions) | 118,644 | 623,558 | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column (| a), line 30 (must ag | ree | |
| | | with end-of-year figure reported on prior year's return) | | 1 | 118,644 |
| 2 | | Enter amount from Part I, line 27a | | 2 | 504,914 |
| 3 | | Other increases not included in line 2 (itemize) | | 3 | 0 |
| 4 | | Add lines 1, 2, and 3 | | 4 | 623,558 |
| 5 | | Decreases not included in line 2 (itemize) ▶ | | _ 5 | 0 |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)—Pa | art II column (b) lir | e 30 . 6 | 623.558 |

the Part VI instructions

| Form 990-PF (2015) | | | | | | Page 3 |
|--|--|---|--|---------|--|-------------------------------|
| Part IV Capital Gains ar | nd Losses for Tax on Inve | stment Income | } | | | |
| | ne kınd(s) of property sold (e g , re ouse, or common stock, 200 shs | | How acquired P—Purchase (b) D—Donation | (2) (2) | ate acquired no , day, yr) | Date sold (d) (mo , day, yr) |
| 1a PUBLICALLY TRADED | SECURITIES | | Р | | | |
| b CAPITAL GAINS DIVI | DENDS | | Р | | | |
| с | | | | | | |
| d | | | | | | |
| <u>е</u> | | | | | | |
| (e) Gross sales price | Depreciation allower (f) (or allowable) | | or other basis expense of sale | | | or (loss) (f) minus (g) |
| a 2,178 | | (3) | 1,056,97 | 5 | | 1,121,588 |
| b | 13 | | | | | 13 |
| С С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Complete only for assets sho | owing gain in column (h) and owne | d by the foundation | on 12/31/69 | | Gains (Col | (h) gain minus |
| (i) F M V as of 12/31/69 | A djusted basis | | ess of col (ı) | T c | ol (k), but no | t less than -0-) or |
| (1) F M V as 0112/31/09 | (j) as of 12/31/69 | (k) over | col (j), if any | (1) | Losses (| from col (h)) |
| a | | | | _ | | 1,121,588 |
| b | | | | _ | | 13 |
| c | | | | _ | | |
| d | | | | _ | | |
| e | | | | | 1 | |
| 2 Capital gain net income | e or (net capital loss) | If gain, also enter i If (loss), enter -0- | n Part I, line 7 in Part I, line 7 | 2 | | 1,121,601 |
| 3 Net short-term capital | gain or (loss) as defined in section | ns 1222(5) and (6) | 1 | | | |
| If gain, also enter in Pa in Part I, line 8 | rt I, line 8, column (c) (see instru | ctions) If (loss), er | nter -0 - | | | |
| | | | Not Tours a store | 3 | <u> </u> | |
| Part V Qualification Un | der Section 4940(e) for R | educed lax on | Net Investme | ent in | come | |
| (For optional use by domestic privile If section 4940(d)(2) applies, lea | | ection 4940(a) tax | on net investment | incom | e) | |
| Was the foundation liable for the s If "Yes," the foundation does not | | | | eriod? | | │ Yes 🔽 No |
| $oldsymbol{1}$ Enter the appropriate amoun | t in each column for each year, se | ee instructions befo | ore making any en | ries | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchar | ritable-use assets | | (d) Distributio (col (b) divided | n ratio |
| 2014 | 4,641,702 | | 437,261 | | (201 (2) 4111404 | 10 615404 |
| 2013 | 1,722,513 | | 23,484 | | | 73 348365 |
| 2012 | | | | | | |
| 2011 | | | | | | |
| 2010 | | | | | | |
| _ , , | d) | | _ | 2 | | 83 963769 |
| the number of years the | tio for the 5-year base period—div e foundation has been in existence | e if less than 5 year | rs | 3 | | 41 981885 |
| | oncharitable-use assets for 2015 | | ⊢ | 4 | | 610,975 |
| - , , , , | | | ⊢ | 5 | | 25,649,882 |
| | ment income (1% of Part I, line 2 | - | | 6 | | 11,014 |
| | ottom of form Doub VIII long 4 | | · · · · · | 7 | | 25,660,896 |
| | utions from Part XII, line 4 reater than line 7, check the box | | <u> </u> | 8 | | 5,928,871 |

| | 990-PF (2015) *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4 | 1940(a) | or 4948—se | e nag | 18 of | the inst | ructio | | age 4 |
|--------|---|---------------------------------------|----------------|----------------|-----------|-----------|--------|----------|--------------|
| | Exempt operating foundations described in section 4940(d)(2), check here | | , 01 4540 30 | Le page | 10 01 | the mac | ructio | 113) | |
| 1a | and enter "N/A" on line 1 | - 1 | | | | | | | |
| | Date of ruling or determination letter | | | } | | | | | |
| | (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V | / chack | | | 4 | | | 2. | |
| b | here Fand enter 1% of Part I, line 27b | , check | • |) | 1 | | | 2.4 | 2,027 |
| c | , | | | · - | | | | | |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b) | zations (| enter 4 % or | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou | ındatıon | s only Othe | ers | 2 | | | | |
| 3 | enter-0-) Add lines 1 and 2 | | | | 3 | | 22,0 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for | undatior | ns only Oth | ers | | | | | |
| _ | enter -0-) | | , | | 4 | | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, a Credits/Payments | enter - c |) | • | 5 | | | 2. | 2,027 |
| 6 a | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | I | 1,074 | | | | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | 1,071 | | | | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | | | | | | |
| d | Backup withholding erroneously withheld | 6d | | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | | 7 | | | : | 1,074 |
| 8 | Enter any penalty for underpayment of estimated tax $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 2220 19 | attached | | 8 | | | | 489 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . | | | • | 9 | | | 2 : | 1,442 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amou | nt over | paid | F | 10 | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax | | Refunded | <u> </u> | 11 | | | | |
| | t VII-A Statements Regarding Activities | | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, stat | e, or loc | cal legislatio | n or di | d | | 4 - | Yes | No |
| | It participate or intervene in any political campaign? | | | · · | | | 1a | \vdash | No |
| b | for definition)? | politica | | , See 111 | Structi | | 1b | | No |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities | s and co | ppies of any i | nateria | ı . Is | <u>-</u> | | | |
| | published or distributed by the foundation in connection with the activities. | | , | | | | | | |
| c | Did the foundation file Form 1120-POL for this year? | | | | | | 1c | | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) impo | osed du | rıng the yea | r | | | | | |
| | (1) On the foundation 🕨 \$0 (2) On foundation managers | . – | | | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for po | litical e | xpenditure t | ax ımp | osed | | | | |
| _ | on foundation managers 🕨 \$0 | | t- th- IDC2 | | | | 2 | | NI- |
| 2 | Has the foundation engaged in any activities that have not previously been re If "Yes," attach a detailed description of the activities. | eportea | to the IRS? | | | | 2 | | No |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in | its any | arnına instru | ment | articles | 2 | | | |
| • | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con | _ | = | - | | | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more | | | | | | 4a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction du | uring th | e year? | | | | 5 | | No |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 49 | 945)sa | tisfied eithe | r | | | | | |
| | By language in the governing instrument, or | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so to that conflict with the state legislation are to the source of | | | | | | 6 | Yee | |
| 7 | that conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year | | | | | | 6 | Yes | |
| , | and Part XV. | | s, complete | rait 11, | | <i>''</i> | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered | (see ins | structions) | | | | | | |
| | МО | | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9 | | | | | | | | |
| | General (or designate) of each state as required by General Instruction G? If | | | | | | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the | | _ | | | | | | |
| | or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s | see inst | tructions for | Part X | 1 /) › | | 9 | | Ne |
| 10 | If "Yes," complete Part XIV | · · · · · · · · · · · · · · · · · · · | h a schedule | i . Iistina | · · | ames | 3 | \vdash | No |
| | and addresses. | | | | | | 10 | Yes | |

| Par | Statements Regarding Activities (continued) | | | |
|-----|---|-------|----------|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | <u> </u> | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ► <u>N/A</u> | | | |
| 14 | The books are in care of ▶BURDS & KUNTZ PC Telephone no ▶(314 |) 317 | -8900 | |
| | Located at ►2200 WEST PORT PLAZA DRIVE STE 203 ST LOUIS MO ZIP+4 ►63146 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | ▶ □ | - |
| 13 | and enter the amount of tax-exempt interest received or accrued during the year | • | - , | |
| | | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over | ء ا | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country | | | |
| | | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | · |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period | | | |
| | after termination of government service, if terminating within 90 days) Yes V No | | | |
| ь | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| _ | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| | that were not corrected before the first day of the tax year beginning in 2015? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| | If "Yes," list the years > 20, 20, 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | | |
| | to all years listed, answer "No" and attach statement—see instructions) | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) | | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | |
| | If the foundation had excess business holdings in 2015.). | 3b | + | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | 1 | No |

| Ра | Statements Rega | iraing Activities foi | · wr | iich Form 4/20 | мау | ве кеquirea (<i>Cont</i> | inue | ea) | |
|------|---------------------------------------|--|--------|-------------------------|----------|-------------------------------------|----------------------|-----------------------------------|--|
| 5a | During the year did the foundatio | n pay or incur any amour | t to | | | | | | |
| | (1) Carry on propaganda, or othe | rwise attempt to influenc | e leg | ıslatıon (section 49 | 45(e |)) [?] | No. | | |
| | (2) Influence the outcome of any | specific public election | (see | section 4955), or to | carı | | | | |
| | on, directly or indirectly, any | voter registration drive? | | | | | | | |
| | (3) Provide a grant to an individu | al for travel, study, or ot | hers | ımılar purposes? | | ┌ Yes ┌ | No | | |
| | (4) Provide a grant to an organiza | | | · - | | | | | |
| | in section 4945(d)(4)(A)? (s | ee instructions) | | | • | TYes | No | | |
| | (5) Provide for any purpose other | r than religious, charitabl | e, sc | ientific, literary, or | | | | | |
| | educational purposes, or for t | • | | | | | No | | |
| b | , | | | | | | | | |
| | Regulations section 53 4945 or | | | | | | | 5b | |
| | Organizations relying on a currer | | | | | | _ | | |
| С | If the answer is "Yes" to question | | | | | | | | |
| | tax because it maintained expend | diture responsibility for t | he gr | ant? | • | \ Yes \ | No | | |
| | If "Yes," attach the statement requ | ured by Regulations section | n 53. | .4945–5(d). | | | | | |
| 6a | Did the foundation, during the yea | | | | • | | | | |
| | a personal benefit contract? | | | | | | No | | |
| b | Did the foundation, during the yea | ar, pay premiums, directl | y or i | ndirectly, on a perso | nal I | benefit contract? | | 6b No | |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | |
| 7a | At any time during the tax year, w | was the foundation a part | y to a | a prohibited tax shel | ter tı | ransaction? TYes F | No | | |
| ь | If yes, did the foundation receive | any proceeds or have ar | ny ne | t income attributable | e to t | the transaction? | | 7b | |
| Pa | | t Officers, Director | s, T | rustees, Founda | ıtioı | n Managers, Highly | Paid | l Employees, | |
| | and Contractors | | | L - i | <u> </u> | | | | |
| | List all officers, directors, trustee | s, roundation managers a | ana t | neir compensation (| see i | (d) | | | |
| | (-) Name and address | Title, and average | (c) | Compensation(If | | Contributions to | | Expense account, | |
| | (a) Name and address | hours per week (b) devoted to position | | not paid, enter -0-) | | mployee benefit plans | (e) other allowances | | |
| DAVA | D L CTEWARD | | | • | and | deferred compensation | | | |
| | D L STEWARD | TRUSTEE 1 00 | | 0 | | 0 | | 0 | |
| | BOX 1724 RYLAND HEIGHTS,MO 63043 | | | | | | | | |
| | MA E STEWARD | TRUSTEE | | 0 | | 0 | | 0 | |
| PO | BO X 1724 | 1 00 | | · · | | · | | · | |
| МАГ | RYLAND HEIGHTS, MO 63043 | | | | | | | | |
| 2 | Compensation of five highest-paid | l employees (other than | thos | e included on line 1– | -see | instructions). If none, e | ıter " | NONE." | |
| | (a) | Title, and aver | age | | | Contributions to | | _ | |
| Na | me and address of each employee | paid hours per we | ek | (c) Compensatio | n | employee benefit plans and deferred | | Expense account, other allowances | |
| | more than \$50,000 | (b) devoted to pos | ition | | | (d) compensation | | other anowalices | |
| ПОИ | NE | | | | | | | | |
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| | | | | | | | | | |
| | al number of other employees paid o | | | | | <u> </u> | - | | |
| IUL | mi namber of other employees paid (| υν ci φυυ, υυυ | | | | | 1 | 0 | |

| and Contractors (continued) 3 Five highest-paid independent contractors for professional services (s | see instructions). If none, enter "NON | NF". |
|--|---|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| otal number of others receiving over \$50,000 for professional services. | | • 0 |
| Part IX-A Summary of Direct Charitable Activities | | • |
| · | aught statutural information such as the number | or of |
| ist the foundation's four largest direct charitable activities during the tax year. Include rele rganizations and other beneficiaries served, conferences convened, research papers produ | Expenses | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (| see instructions) | |
| Describe the two largest program-related investments made by the foundation during the | the tax year on lines 1 and 2 | A mount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| · - | | |
| 3 | | I |
| 3 | | |

Form 990-PF (2015) Part X Minimum Investment Return

| F.C. | (All domestic foundations must complete this part. Foreign foundations, see instruction | s.) | |
|---------|--|--------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | | |
| а | A verage monthly fair market value of securities | 1a | 110,767 |
| b | A verage of monthly cash balances | 1b | 509,512 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 620,279 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 620,279 |
| 4 | Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 9,304 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 610,975 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 30,549 |
| Par | Distributable Amount (see instructions) (Section 4043(1)(2) and (1)(5) private energing foundations and ser | | |
| | (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.) | tain f | oreign organizations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 30,549 |
| _ 2a | Tax on investment income for 2015 from Part VI, line 5 2a 22,027 | | |
| | Income tax for 2015 (This does not include the tax from Part VI) 2b | | |
| c | Add lines 2a and 2b | 2c | 22,027 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 8,522 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 8,522 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 8,522 |
| | | | 0,322 |
| Par | t XIII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 5,928,871 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | 2 | |
| 3 | A mounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| Ь | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 5,928,871 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | ıncome Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 5,928,871 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth | er the | foundation qualifies for |

| P | art XIII Undistributed Income (see inst | ructions) | | | | |
|---|--|---------------|-----------------------------------|--------------------|--------------------|-------|
| | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 | |
| 1 | Distributable amount for 2015 from Part XI, line 7 | | | | | 8,522 |
| 2 | Undistributed income, if any, as of the end of 2015 | | | | | |
| | Enter amount for 2014 only | | | 0 | | |
| b | Total for prior years 20 | | 0 | | | |
| | Excess distributions carryover, if any, to 2015 | | | | | |
| | From 2010 | | | | | |
| b | From 2011 | | | | | |
| c | From 2012 | | | | | |
| d | From 2013 1,722,513 | 3 | | | | |
| | From 2014 4,641,702 | 2 | | | | |
| f | Total of lines 3a through e | 6,364,215 | | | | |
| 4 | Qualifying distributions for 2015 from Part | | | | | |
| | XII, line 4 🕨 \$ 5,928,871 | | | | | |
| а | Applied to 2014, but not more than line 2a | | | 0 | | |
| ь | Applied to undistributed income of prior years | | 0 | | | |
| | (Election required—see instructions) | | | | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | | |
| d | Applied to 2015 distributable amount | | | | | 8,522 |
| е | Remaining amount distributed out of corpus | 5,920,349 | | | | |
| 5 | Excess distributions carryover applied to 2015 | 0 | | | | 0 |
| | (If an amount appears ın column (d), the same amount must be shown ın column (a).) | | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 12,284,564 | | | | |
| | Prior years' undistributed income Subtract | | | | | |
| | line 4b from line 2b | | 0 | | | |
| C | Enter the amount of prior years' undistributed | | | | | |
| | income for which a notice of deficiency has | | | | | |
| | been issued, or on which the section 4942(a) tax has been previously assessed | | 0 | | | |
| А | Subtract line 6c from line 6b Taxable amount | | | | | |
| | —see instructions | | 0 | | | |
| е | Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see | | | | | |
| | Instructions | | | 0 | | |
| f | Undistributed income for 2016 Subtract | | | | | |
| | lines 4d and 5 from line 1 This amount must | | | | | _ |
| | be distributed in 2015 | | | | | 0 |
| 7 | Amounts treated as distributions out of | | | | | |
| | corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may | | | | | |
| | be required - see instructions) | 0 | | | | |
| 8 | Excess distributions carryover from 2010 not | _ | | | | |
| | applied on line 5 or line 7 (see instructions) | 0 | | | | |
| 9 | Excess distributions carryover to 2016. | 12 204 564 | | | | |
| | Subtract lines 7 and 8 from line 6a | 12,284,564 | | | | |
| | Analysis of line 9 | | | | | |
| | Excess from 2011 | | | | | |
| | Excess from 2012 | 2 | | | | |
| | Excess from 2013 1,722,513 Excess from 2014 4,641,703 | | | | | |
| | Excess from 2015 5,920,349 | | | | | |
| _ | EXCESS HORI 2013. | | | | | |

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 5,878,907 **b** Approved for future payment

| Form 990-PF (2015) Part XVI-A Analysis of Income-Produc | ing Activitie | :S | | | Page 12 |
|---|----------------------|-----------------------|-----------------------|--------------------|--|
| Enter gross amounts unless otherwise indicated | Unrelated bu | ısıness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempt |
| 1 Program service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | function income (See instructions) |
| a | | | | | mstructions) |
| b | | | | | |
| c d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 67 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed propertyb Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 8 Gain or (loss) from sales of assets other than | | | | | |
| Inventory | | | 18 | -31,304 | |
| 9 Net income or (loss) from special events0 Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d e | | | | | |
| 2 Subtotal Add columns (b), (d), and (e). | | 0 | | -31,237 | (|
| 3 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify | | | | 13 | -31,237 |
| Part XVI-B Relationship of Activities to | the Accom | | | | |
| Explain below how each activity for whithe accomplishment of the foundation's instructions) | | | | | |
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| Part | XVI | Information Re Noncharitable | | | | | sactio | ns and I | Relationships | With | | | |
|----------------|---------|---|--|------------|--------------|--------------------|------------|-------------------|------------------------------|---|----------------|-----------|-----|
| | | organization directly or ii | ndirectly (| engage | ın any of t | he following wi | | | | | | V | N. |
| | | 501(c) of the Code (othe | r than se | ction 50 | 01(c)(3) c | rganizations) (| or in sec | tion 527, | relating to politic | al | | Yes | No |
| _ | | tions? | dation to | | | .vemnt erannı | ntion of | | | | | | |
| | | s from the reporting four h | | | | | | | | | 1a(1) | | No |
| | | erassets | | | | | | | | F | 1a(1) 1a(2) | | No |
| ` ` | | ansactions | | | | | | | | | 1a(2) | | NO |
| | | es of assets to a noncha | ritable ev | emnt or | nanizatioi | n | | | | | 1h(1) | | No |
| | | chases of assets from a | | | | | | | | H- | 1b(2) | | No |
| | | tal of facilities, equipme | | | | | | | | H | 1b(3) | | No |
| | | nbursement arrangemen | | | | | | | | H- | 1b(4) | | No |
| | | ns or loan guarantees. | | | | | | | | - I- | 1b(5) | | No |
| | | rmance of services or m | | | | | | | | F | 1b(6) | | No |
| | | of facilities, equipment, i | | | | | | | | | 1c | | No |
| d If th | ne an | swer to any of the above | ıs "Yes," | comple | ete the fol | lowing schedul | e Colun | nn (b) sho | ould always show | the fair marl | ket val | ue | |
| | | ods, other assets, or se ansaction or sharing arra | | | | | | | | | | | |
| III a | ily tie | ansaction of Sharing and | angement | ., SIIOW I | ii Coluiliii | (u) the value of | ii tile go | ous, other | assets, or service | es received | 1 | | |
| (a) Line | No | (b) Amount involved | (c) Name | of nonch | arıtable exe | mpt organization | (d) | Description | of transfers, transact | ions, and shar | ıng arra | ngemer | nts |
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| | | undation directly or indi | | | | | | | | | ر ا | <u> </u> | , |
| | | d in section 501(c) of the complete the following s | - | otner th | an sectioi | 1 501(c)(3)) or | 'in secti | ion 52/7. | | | | s / | Νο |
| ווע | 1 65, | (a) Name of organization | | | (b |) Type of organiza | ation | 1 | (c) Descrip | otion of relation | nship | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Un | der penalties of perjury, | I declare | that I h | nave exam | nined this retur | n. ınclud | ling accor | mpanving schedul | les and state | ement: | s. and | to |
| | the | best of my knowledge a | nd belief, | ıt ıs tru | e, correct | | | | | | | | |
| Sign | ınfo | ormation of which prepar | er has an | y knowl | edge | I | | | | May the | e IRS dı | course th | uc |
| Here | k | ***** | | | | 2016-02-23 | N. | ***** | | return with the | | | |
| | 7 | Signature of officer or to | rustee | | | Date | — y | Title | | below | | | |
| | | T | | | | | 1_ | | T | | str)? 🗸 | Yesl N | lo |
| | | Print/Type preparer's | name | Prepa | rer's Sıgn | ature | Date | | Check if self- employed ▶ | PTIN PO | 00134 | 79 | |
| | | JEFFREY R ARNDT | | | | | | | | | | | |
| Paid | | Firm's name 🕨 | | <u> </u> | | | | | Firm's EIN F 2 | <u> </u> 0-2792666 | <u> </u> | | |
| Prepa | arei | I . | | | | | | | 5 2/14 / 2 | | - | | |
| Use | | | | | | | | | | | | | |
| Only | | | Firm's address F 2200 WEST PORT PLAZA DR STE 203 ST LOUIS, | | | | | | Phone no (314 | .)317-8900 | ົ | | |
| | | MO 63146 | / , D / \ | | | , | | | (514 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | | |
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Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

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THELMA E STEWARD

| Recipient | If recipient is an individual, | Foundation status of | Purpose of grant or contribution | A mount |
|---|--|-------------------------|--|-----------|
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| AMERICA NEEDS YOU 478 8TH AVENUE 5TH FLOOR NEW YORK,NY 10018 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 10,000 |
| AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA,OK 73123 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 1,000 |
| AMERICAN CHAMBER CHORALE 8648 NEW HAMPSHIRE AVE ST LOUIS,MO 63123 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 14,140 |
| AMERICAN HEART ASSOCIATION - MIDWEST AFFILIATE PO BOX 4002902 DES MOINES,IA 50340 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP, FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 61,282 |
| BIBLICAL BUSINESS TRAINING INC 17209 CHESTERFIELD AIRPORT RD | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 227,500 |
| CHESTERFIELD, MO 63005 BIG BROTHERS BIG SISTERS OF THE BAY AREA 649 MISSION ST 5TH FLOOR SAN FRANCISCO, CA 94015 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 12,500 |
| BOY SCOUTS OF AMERICA 1325 W WALNUT HILL LANE IRVING,TX 750152079 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,042 |
| BOYS & GIRLS CLUB OF AMERICA 2107 NORTH COLLINS BLVD RICHARDSON,TX 75080 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,500 |
| CANCER CARE FOUNDATION INC 1 CLARKSON LAKE CT CHESTERFIELD,MO 63017 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,500 |
| CARDINAL RITTER COLLEGE PREP 701 N SPRING AVENUE ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP, FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 30,000 |
| CARE & COUNSELING 12141 LADUE ROAD ST LOUIS, MO 63141 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP, FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 29,599 |
| CARVER BAPTIST BIBLE COLLEGE & INSTITUTE 7203 PASEO BLVD KANSAS CITY, MO 64132 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| CASA DE SALUD 3200 CHOTEAU AVE ST LOUIS,MO 63103 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 12,500 |
| CHRISTIAN BROTHERS COLLEGE HIGH SCHOOL 1850 DE LA SALLE DR ST LOUIS,MO 631418661 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 45,000 |
| CITY ACADEMY 4175 N KINGSHIGHWAY ST LOUIS,MO 631151733 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 10,000 |
| Total | | | ▶ 3a | 5,878,907 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|--|---|--------------------------------------|--|-----------|
| · | or substantial contributor | | | |
| a Paid during the year CLINTON MAIN ST INCOLDE GLORY DAYS 200 S MAIN ST CLINTON, MO 64735 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,500 |
| COGIC CHARITIES INC 938 MASON ST MEMPHIS,TN 38126 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 20,000 |
| CULTURAL FESTIVALS 225 S MERAMEC AVE ST LOUIS,MO 63105 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 25,000 |
| CURLS FOR GIRLS INC 104 W 40TH STREET STE 500 NEW YORK, NY 10018 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 7,500 |
| DE LA SALLE INC 4145 KENNERLY AVE ST LOUIS,MO 63113 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,500 |
| DE SMET JESUIT HIGH SCHOOL 117 PRAIRIE MANOR DRIVE EDWARDSVILLE,IL 62015 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,000 |
| DOWN SYNDROME ASSOC OF GREATER ST LOUIS 8531 PAGE AVE ST LOUIS,MO 63114 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,500 |
| ELLIS FISCHEL CANCER CENTER ONE HOSPITAL DR DC 20500 COLUMBIA,MO 65212 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,500 |
| EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE ST LOUIS,MO 63119 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 16,998 |
| EZRA VISION MINISTRIES INC 5073 PECAN RIDGE DR STE 100 SAN ANGELO,TX 76904 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 25,000 |
| FAIR ST LOUIS FOUNDATION 301 PROSPECT AVE ST LOUIS,MO 63110 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| FELLOWSHIP OF CHRISTIAN ATHLETES (FCA) 1400 S HIGHWAY DR FENTON,MO 63099 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 27,500 |
| FOUNDATION FOR EDUCATIONAL DEVELOPMENT 729 EAST PRATT ST 5TH FLOOR BALTIMORE,MD 21202 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 34,500 |
| FRIENDS OF CHARACTER PLUS 1460 CRAIG ROAD ST LOUIS,MO 63146 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 525 |
| FRIENDS OF JAZZ ST LOUIS 3536 WASHINGTON AVE ST LOUIS,MO 63103 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 105,000 |
| Total | | | ▶ 3a | 5,878,907 |

| Recipient | If recipient is an | Foundation | Purpose of grant or | A mount |
|--|---|------------------------|--|-----------|
| Name and address (home or business) | individual, show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | |
| a Paid during the year | | | | |
| FRIENDS OF KIDS WITH CANCER 530 MARYVILLE CENTRE DR STE LL5 ST LOUIS,MO 63141 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,000 |
| FRIENDS OF ST LOUIS UNIV LIVER CENTER 14323 SO OUTER FORTY ROAD STE 200M CHESTERFIELD,MO 63017 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 300 |
| GATEWAY TO HOPE 845 N NEW BALLAS CT STE 380 ST LOUIS, MO 63141 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,000 |
| GOD'S MINISTRY IN LAGONAVE 111 S SPOEDE ROAD CREVE COUER, MO 63141 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| GRACE HILL 2600 HADLET STREET ST LOUIS,MO 63106 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 10,000 |
| GRAND CENTER 3526 WASHINGTON BLVD 2ND FLOOR ST LOUIS, MO 63103 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 8,000 |
| GREATER ST LOUIS AREA COUNCIL - BOY SCOUTS OF AMERICA 4568 WEST PINE BLVD ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP, FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 52,500 |
| GREATER ST LOUIS COMMUNITY FOUNDATION 319 N 4TH ST STE 300 ST LOUIS, MO 63102 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| HARLEM STAGE GATEHOUSEAARON DAVIS HALL 150 CONVENT AVE NEW YORK,NY 10031 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| HARRIS STOWE STATE UNIVERSITY ALUMNI ASSN 3026 LACLEDE AVE ST LOUIS, MO 63103 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,000 |
| HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA STE 320 ALEXANDRIA, VA 22314 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 72,500 |
| INTERNATIONAL INSTITUTE OF EVANGELISM 2480 TOWN COUNTRY LANE ST LOUIS, MO 63131 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 101,000 |
| INTL PHOTOGRAPHY HALL OF FAME & MUSEUM 3415 OLIVE STREET ST LOUIS, MO 63103 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,300 |
| JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE EAST ST LOUIS,IL 62204 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 12,283 |
| JAZZ AT LINCOLN CENTER 162 WEST 56TH STREET NEW YORK,NY 10019 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 14,025 |
| Total | | <u> </u> | | 5,878,907 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|--|--|--------------------------------------|--|-----------|
| business) | or substantial contributor | | | |
| a Paid during the year | | | | |
| JAZZ ST LOUIS 3536 OLIVE ST ST LOUIS, MO 63103 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 175,357 |
| KINGDOM HOUSE 1321 SOUTH 11TH STREET ST LOUIS,MO 63104 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 400 |
| KIPP ST LOUIS 2647 OHIO STREET ST LOUIS,MO 63118 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 50,000 |
| LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH, MO 65065 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| LAUNCH CODE 4811 DELMAR BLVD ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| LIFT FOR LIFE ACADEMY INC 1731 S BROADWAY ST LOUIS,MO 63104 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,210 |
| LINCOLN UNVERSITY FOUNDATION INC 820 CHESTNUT STREET JEFFERSON CITY, MO 65101 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,800 |
| LINDENWOOD UNIVERSITY- INSTITUTIONAL ADVANCEMENT OFFICE 209 S KINGSHIGHWAY ST CHARLES,MO 63301 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 14,450 |
| LOGOS SCHOOL 9137 OLD BONHOMME ROAD ST LOUIS,MO 63132 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 15,500 |
| LSMA-ISI 8011 GALLERIA PARKWAY ST LOUIS,MO 63132 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,000 |
| MARY INSTITUTE & COUNTRY DAY SCHOOL 101 NORTH WARSON ROAD ST LOUIS, MO 63124 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 670,000 |
| MARYGROVE 2705 MULLANPHY LANE FLORISSANT, MO 63124 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 4,525 |
| MARYLAND HEIGHTS POLICE OFFICERS ASSOC PO BOX 1261 MARYLAND HEIGHTS, MO 63043 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,000 |
| MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 4,570 |
| MENTAL HEALTH AMERICA OF EASTERN MISSOURI 1905 S GRAND ST LOUIS, MO 63104 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 10,000 |
| Total | | | | 5,878,907 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|---|---|--------------------------------------|--|-----------|
| · | or substantial contributor | | | |
| a Paid during the year | | | | |
| MERCY HEALTH FOUNDATION 615 S NEW BALLAS ROAD ST LOUIS, MO 63141 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 12,500 |
| MILDRED THIMES FOUNDATION PO BOX 4511 ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,000 |
| MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 NORTH BALLAS ROAD ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 5,000 |
| MISSOURI COLLEGES FUND INC 3401 WEST TRUMAN BLVD STE 202 JEFFERSON CITY, MO 65109 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| MISSOURI COUNCIL FOR A BETTER ECONOMY 4579 LACLEDE AVE 337 ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| MISSOURI PROMISE INITIATIVE 1400 FORUM BLVD STE 1C COLUMBIA,MO 65203 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 25,000 |
| MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY DEVELOPMENT OFFICE 209 CASTLEMAN HALL ROLLA,MO 65049 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| MUSCULAR DYSTROPHY ASSOCIATION 530 MARYVILLE CENTRE DR STE 410 ST LOUIS,MO 63141 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| MUSEUM ASSOCIATES 5905 WILSHIRE BLVD LOS ANGELES, CA 90036 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 20,000 |
| NORTH AREA COMMUNITY DEVELOPMENT CORPORATION 4843 HAMMETT PLACE ST LOUIS, MO 63113 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 7,500 |
| NORTHERN ILLINOIS UNIVERSITY FOUNDATION 1525 WEST LINCOLN HIGHWAY DE KALB,IL 60115 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 20,000 |
| NURSES FOR NEWBORNS 7259 LANSDOWNE STE 100 ST LOUIS,MO 63119 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 45,000 |
| OPERA THEATRE OF ST LOUIS 210 HAZEL AVENUE ST LOUIS, MO 63119 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 180,000 |
| OZZIE SMITH CHARITABLE FOUNDATION INC 383 MARSHALL AVE ST LOUIS, MO 63119 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,013 |
| PARTNERS FOR EDUCATIONAL PROGRESS - TEAM MO 1211 GARDEN VILLAGE DR FLORISSANT, MO 63031 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 25,000 |
| Total | | | ▶ 3a | 5,878,907 |

| Recipient Name and address (home or | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-----------|
| business) | or substantial contributor | | | |
| a Paid during the year | | | | |
| PHOTOGRAPHIC ART & SCIENCE FOUNDATION 3415 OLIVE STREET ST LOUIS,MO 63013 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 4,970 |
| PLEASANT GROVE MISSIONARY BAPTIST CHURCH 2411 BELLE GLADE AVENUE ST LOUIS,MO 63113 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,500 |
| PROJECT COPECONCORDANCE ACADEMY 211 N BROADWAY ST LOUIS,MO 63102 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 12,500 |
| RONALD MCDONALD HOUSE CHARITITIES 3450 PARK AVE ST LOUIS,MO 63104 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,000 |
| ROYAL VAGABONDS FOUNDATION INC 4315 WESTMINSTER PLACE ST LOUIS, MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 7,500 |
| SHALOM HOUSE 1040 S TAYLOR AVE ST LOUIS,MO 63110 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| SHELDON ARTS FOUNDATION 3648 WASHINGTON BLVD ST LOUIS, MO 63108 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 80,220 |
| SILK ROAD PROJECT INC 175 NORTH HARVARD STREET BOSTON,MA 02134 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 25,000 |
| SOUTHEAST MISSOURI UNIVERSITY FOUNDATION ONE UNIVERSITY PLAZA - MS 7300 CAPE GIRARDEAU,MO 63701 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,500 |
| SOUTHSIDE SENIOR CITIZENS CENTER 2101 SO JEFFERSON AVE ST LOUIS, MO 63104 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,500 |
| SPECIAL OLYMPICS MISSOURI 1001 DIAMOND RIDGE STE 800 JEFFERSON CITY, MO 65109 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 2,500 |
| SSM ST MARY'S HEALTH CENTER FOUNDATION 6420 CLAYTON ROAD ST LOUIS, MO 63117 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 162,000 |
| ST ANDREWS CHARITABLE FOUNDATION 6633 DELMAR BLVD ST LOUIS,MO 63130 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 25,000 |
| ST LOUIS ALUMNAE DELTA FOUNDATION PO BOX 50191 ST LOUIS,MO 63105 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| ST LOUIS AMERICAN FOUNDATION 2315 PINE STREET ST LOUIS,MO 63102 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 37,500 |
| Total | | | ▶ 3a | 5,878,907 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|--|--|--------------------------------------|--|-----------|
| · · | or substantial contributor | | | |
| a Paid during the year ST LOUIS ARC 1177 N WARSON ROAD ST LOUIS, MO 63132 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION, EVENT SPONSORSHIP | 236,246 |
| ST LOUIS ART MUSEUM ONE FINE ARTS DR FOREST PARK ST LOUIS,MO 63101 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 75,000 |
| ST LOUIS PUBLIC SCHOOLS FOUNDATION 801 N 11TH STREET - THIRD FLOOR ST LOUIS,MO 63101 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 26,500 |
| ST LOUIS SYMPHONY POWELL HALL 718 NORTH GRAND BLVD ST LOUIS,MO 63103 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 75,000 |
| SUMMIT BECHTEL RESERVEBOY SCOUTS 1325 W WALNUT HILL LAND IRVING,TX 750152079 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| TECHNOLOGY LAB & PROF DEV CENTER 23800 W CHICAGO REDFORD, MI 48239 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| THE ALS ASSOCIATION 1275 K STREET NW STE 250 WASHINGTON, DC 20005 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 500 |
| THE BLACK REP 4709 DELMAR ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 25,000 |
| THE FRESH AIR FUND 633 THIRD AVE 14TH FLOOR NEW YORK,NY 10017 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 46,000 |
| THE HAVEN OF GRACE 1225 WARREN ST ST LOUIS,MO 63106 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,000 |
| THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY STE 1700 NEW YORK,NY 10004 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 130,000 |
| THE MUNY 1 THEATRE DRIVE ST LOUIS,MO 63112 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 87,500 |
| THE PRESS CLUB OF METRO STL CHARITAB FUND PO BOX 410522 CREVE COUER,MO 63141 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,500 |
| THE RESTORATION HOUSE 2950 KINGS CROSSING DR ST CHARLES, MO 63303 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 500 |
| THE SALVATION ARMY 11300 HAMPTON AVE ST LOUIS, MO 63139 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 3,000 |
| Total | | | ▶ 3a | 5,878,907 |

| | | 1 | | |
|--|---|--------------------------------------|--|-----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of recipient | Purpose of grant or contribution | A mount |
| Name and address (home or business) | any foundation manager or substantial contributor | тестріені | | |
| a Paid during the year | | | | |
| UNITED WAY OF GREATER ST LOUIS PO BOX 500280 ST LOUIS, MO 63150 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION, CAPITAL CAMPAIGN | 1,066,757 |
| URBAN K-LIFE PO BOX 23369 ST LOUIS,MO 63156 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIPFURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 40,000 |
| URBAN LEAGUE OF METRO ST LOUIS DEV OFFICE 3701 GRANDEL SQUARE ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 50,000 |
| VARIETY THE CHILDREN'S CHARITY 2200 WESTPORT PLAZA DR STE 306 ST LOUIS, MO 63146 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 809,155 |
| VINTAGE HOLLYWOOD FOUNDATION 9200 SUNSET BLVD PH22 WEST HOLLYWOOD,CA 90060 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 15,000 |
| VOICES FOR CHILDREN 920 N VANDEVENTER ST LOUIS, MO 63108 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 2,125 |
| WASHINGTON UNIVERSITY 4940 CHILDRENS PLACE ST LOUIS, MO 63110 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 66,919 |
| WASHINGTON UNIVERSITYSCHOOL OF MEDICINE 7425 FORSYTH BLVD CAMPUS BOX 1247 ST LOUIS,MO 63105 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 12,500 |
| WEBSTER UNIVERSITY 470 EAST LOCKWOOD AVE ST LOUIS,MO 63119 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 47,750 |
| WEINGART CENTER 566 SOUTH SAN PEDRO LOS ANGELES, CA 90013 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 1,000 |
| WENTWORTH MILITARY ACADEMY & COLLEGE 1880 WASHINGTON AVE LEXINGTON, MO 64067 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 7,058 |
| WESTMINSTER COLLEGE 501 WESTMINSTER AVE FULTON, MO 65251 | NONE | EXEMPT ORGANIZATION | EVENT SPONSORSHIP | 14,988 |
| WOMEN OF ACHIEVEMENT 50 KINGSBURY PLACE ST LOUIS, MO 63112 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATIONEVENT SPONSORSHIP | 4,400 |
| WORLD PEDIATRIC PROJECT 755 S NEW BALLAS ROAD STE 140 ST LOUIS,MO 63141 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 5,000 |
| WYMAN CENTER 600 KIWANIS DRIVE EUREKA, MO 63025 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION | 200,000 |
| Total | | | Na | 5,878,907 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|---|--|--------------------------------------|--|-----------|
| a Paid during the year | or substantial contributor | | | |
| YWCA METRO ST LOUIS 3820 WEST PINE BLVD ST LOUIS,MO 63108 | NONE | EXEMPT ORGANIZATION | FURTHER EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION LEADER LUNCH | 5,000 |
| Total | . | | | 5,878,907 |

TY 2015 Accounting Fees Schedule

Name: STEWARD FAMILY FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------------|--------|--------------------------|------------------------|---|
| LEGAL AND PROFESSIONAL FEES | 40,290 | 20,145 | | 20,145 |

TY 2015 Other Expenses Schedule

Name: STEWARD FAMILY FOUNDATION

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|--------------------------------|--------------------------|---------------------|--|
| BANKING FEES | 320 | 160 | | 160 |
| MARKETING / ESTIMATED VALUE OF GOODS OR SERVICES RECEIVED BY FOUNDATION | 29,621 | 0 | | 29,621 |
| MISCELLANEOUS | 38 | 0 | | 38 |



TY 2015 Substantial Contributors Schedule

Name: STEWARD FAMILY FOUNDATION

| Name | Address |
|------|---|
| | PO BOX 1724 MARYLAND HEIGHTS, MO 63043 |

TY 2015 Taxes Schedule

Name: STEWARD FAMILY FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------|--------|--------------------------|------------------------|---|
| FED INCOME TAXES PAID | 36,000 | 0 | | 0 |

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As Filed Data

DLN: 93491055005046

OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Employer identification number

| STEWA | ARD FAMILY FOUNI | DATION | 46-1802424 | |
|--------------------|--|--|--|--|
| Organ | ization type (check | one) | | |
| Filers | of: | Section: | | |
| Form 990 or 990-EZ | | 「 501(c)() (enter number) organization | | |
| | | ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | |
| | | | | |
| Form 9 | 90-PF | √ 501(c)(3) exempt private foundation | | |
| | | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation | | |
| | | 501(c)(3) taxable private foundation | | |
| Gener マ | | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions om any one contributor. Complete Parts I and II. See instructions for determining a | | |
| Specia | al Rules | | | |
| Γ | under sections 509(received from any o | described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 / 6\%$ supply (a)(1) and $170(b)(1)(A)(v)$, that checked Schedule A (Form 990 or 990-EZ), Partone contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1 Complete Parts I and II | II, line 13, 16a, or 16b, and that | |
| Γ | during the year, total | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive all contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific f cruelty to children or animals. Complete Parts I, II, and III | | |
| Г | during the year, cor this box is checked, purpose Do not cor | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received itributions exclusively for religious, charitable, etc., purposes, but no such contributions there there the total contributions that were received during the year for an exclusively of the parts unless the General Rule applies to this organization because of contributions totaling \$5,000 or more during the year | outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively | |

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization STEWARD FAMILY FOUNDATION Employer identification number 46-1802424

| Part I | Contributors (see instructions) Use duplicate copies of Part I if | f additional space is needed | | |
|------------|---|------------------------------|--|------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of con | tribution |
| 1 | DAVID L AND THELMA E STEWARD PO BOX 1724 | | Person Payroll | r ⊢ |
| | MARYLAND HEIGHTS, MO 63043 | \$ 4,311,447 | Noncash (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of con | tribution |
| 2 | | | Person Payroll | Г Г |
| | PO BOX 1724 MARYLAND HEIGHTS, MO 63043 | \$ 2,209,880 | Noncash | ' '' |
| (a) | (b) | (c) | (Complete Part II f contributions) | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of con | tribution |
| | | \$ | Payroll | Γ |
| | | | Noncash (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of con | tribution |
| | | | Person | Γ |
| | | \$ | Payroll Noncash | r r |
| | | | (Complete Part II f | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of con | tribution |
| | | | Person Payroll | r r |
| | | \$ | Noncash | |
| | | | (Complete Part II f contributions) | or noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | Type of con | tribution |
| | | | Person Payroll | r |
| | | \$ | Noncash | Г |
| | | | (Complete Part II f contributions) | or noncash |

| Name of organization | | Employer identification number | | |
|-----------------------|---|--|----------------------|--|
| SIEWARD FAMI | LY FOUNDATION | 46-1802424 | | |
| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed | • | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| 2 | COMMON STOCK OF VARIOUS PUBLICLY TRADED SECURITIES | \$ 2,209,880 | 2015-11-13 | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | |
| | | \$ | | |
| | | | | |

| Schedule B (Form 990, | 990-EZ, or 990-PF) (2015) |
|-----------------------|---------------------------|
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| chedule B (Form 990 | 0, 990-EZ, or 990-PF) (2015) | | Page 4 |
|--|---|---|---|
| ame of organizatio TEWARD FAMILY F | | | Employer identification number 46-1802424 |
| total mor line entr of \$1,000 | re than \$1,000 for the year from any o | ne contributor. Complete co III, enter the total of <i>exclusive</i> mation once. See instruction | ribed in section 501(c)(7), (8), or (10) that clumns (a) through (e) and the following ely religious, charitable, etc., contributions |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| | Transferee's name, address, and | (e) Transfer of gri | Relationship of transferor to transferee |
| | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| | Transferee's name, address, and | (e) Transfer of gil | Relationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gil | ft Relationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of grid ZIP4 | ft Relationship of transferor to transferee |
| | | | |