

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Departinent of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

<u> </u>	יוו נוונ	2016 calendar year, or tax year beginning APR 1, 2016 and	enaing 1	DEC 31, 7016					
В	Check if applicabl	C Name of organization	-	D Employer identific	ation number				
	Addre chang	ST. LOUIS COMMUNITY FOUNDATION							
	Name chang			43-60	023126				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final	2 OAK KNOLL PARK	314-588-8200						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,666,931.				
	Ameno	81. LOUIS, MO 63105		H(a) Is this a group re					
L_	Application pendir	F Name and address of principal officer AMELIA A.J. BOND		for subordinates'	? Yes X No				
SAME AS C ABOVE H(b) Are all subordinates included? L Yes L N									
_		empt status $X = 501(c)(3) = 501(c)($) (insert no.) $4947(a)(1)$	or 527	⊣	list. (see instructions)				
		e: WWW.STLOUISGIVES.ORG		H(c) Group exemption					
	art I	organization: Corporation X Trust Association Other ► Summary	L Year	of formation: 1915 M	State of legal domicile: MO				
,			NTCMEI	CHADIMADIR	EINIDG EOD				
Activities & Governance		Briefly describe the organization's mission or most significant activities <u>ADMI</u> THE BETTERMENT OF ST. LOUIS	MISIE	CHARLIADLE	FUNDS FOR				
ı a		Check this box In the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	sets				
Š		Number of voting members of the governing body (Part VI, line 1a)	Sca or mor	3	17				
ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	17				
90	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	13				
vitie	1	Total number of volunteers (estimate if necessary)		6	19				
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	_0.				
7	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-3,000.				
")				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	_	4,597,985.	4,867,463.				
ent	9	Program service revenue (Part VIII, line 2g)	<u> </u>	1,974,273.	1,514,506.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,719,826.	3,034,233.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u> -	186,359.	34,359.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,478,443.	9,450,561.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,562,310.	4,189,791.					
	l	Benefits paid to or for members (Part IX, column (A), line 4)	-	1 275 994	1 062 776				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,275,884.	1,062,776.				
ben	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,4	65						
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 29, 4 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	<u></u>	2,118,250.	1,653,973.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), The 25 VEL	7	12,956,444.	6,906,540.				
	19	Revenue less expenses Subtract line 18 from line 12		-4,478,001.	2,544,021.				
or		\(\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tetx{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}}\text{\tin}\tint{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tiint{\text{\texi}\text{\text{\text{\text{\text{\text{\tin}\tint{\tiin}\tint{\tiin}		eginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	8	74,400,421.	79,347,482.				
ASS	21	Total liabilities (Part X, line 26) Not assets or fund balances. Subtract line 21 from line 30.	-141	327,941.	170,852.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		74,072,480.	79,176,630.				
P	art II	Signature Block							
		lties of perjury, I deglare that, have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	, correc	t, and complete. Deplaration of preparer (other han officer) is based on all information of w	hich prepare	er has any knowledge.					
				111017					
Sig		Signature lot officer / //		Date /					
He	re	AMELIA A.J. BOND, PRESIDENT & CEO							
_		Type or print name and title		Date , Check	PTIN				
D-:	_	Print/Type preparer's name Preparer's signature		I do la la					
	parer Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 600 WASHINGTON AVENUE, SUITE 18	0.0	Firm's EIN	41-0746749				
796	omy	Firm's address 500 WASHINGTON AVENUE, SUITE 18 ST. LOUIS, MO 63101		Dhone no 21	4-925-4300				
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		[FROME NO. 3 1	X Yes No				
		1.16 I HA For Panerwork Reduction Act Notice, see the separate instructions	ione		Form 990 (2016)				

		<u> 13-6023126</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.	•	
	ADMINISTER CHARITABLE FUNDS FOR THE BETTERMENT OF ST. LOU	JIS	
			
			
2	Did the organization undertake any significant program services during the year which were not listed on the		.
	prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LAJ NO
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as mi	occured by expense	_
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	tile total expenses,	anu
4a	C 550 50C	1,514,	506.)
74	FOR THE 9 MONTHS ENDED 12/31/16, WE SERVICED 172 FUNDS AN		
	GRANTS TO VARIOUS NOT-FOR-PROFIT ORGANIZATIONS RANGING FF		
	\$1,000,000.00. WE ASSISTED INDIVIDUALS AND BUSINESSES IN		
	CHARITABLE CONTRIBUTIONS IN THIS AND OTHER COMMUNITIES BY		RING
	CHARITABLE FUNDS ESTABLISHED BY THEM.		
	1		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	š)
		 .	
		<u> </u>	
		···	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
70	(Code	,	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,558,706.		
		Form !	990 (2016)

Form **990** (2016)

16

17

18

Х

X

X

17

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2016) ST. LOUIS COMMUNIT
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	t Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	_23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ļ	ļ	ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			77
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	ļ	X
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1]
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		1
	Part V, line 1	34	X	ļ.,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\vdash	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	+	<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	{
	15000.7 Mill out more and required to complete contenting of			(2016
		. 511		,

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO					
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
Ī	(gambling) winnings to prize winners?	1c							
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 2a 13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За									
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a 3b		_X_					
	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)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ.					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	.							
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			х					
a	, , , , , , , , , , , , , , , , , , , ,								
b	,								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		- -					
d	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year 7d	7c		X					
e		7e		X					
f	, , , , , , , , , , , , , , , , , , , ,								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		•						
	sponsoring organization have excess business holdings at any time during the year?	8		Х					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter			1					
а	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)								
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ					
L	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b								
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u> </u>					
	- 195, 1950 in mod a form the to report these payments in 140, provide an explanation in defiedule of		990	(2016)					

ST. LOUIS COMMUNITY FOUNDATION Form 990 (2016) 43-6023126 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 17 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

exempt status with respect to such arrangements? Section C. Disclosure

taxable entity during the year?

17 List the states with which a copy of this Form 990 is required to be filed ►MO

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website X Another's website X Upon request Other (explain in Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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

2 OAK KNOLL PARK, ST. LOUIS, MO 63105

Form 990 (2016)

X

16a

16b

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Name and Title	(B) Average hours per week (list any hours for related organizations	box	not c , unle		rtion more	than is bot	han	Reportable compensation	Reportable compensation	(F) Estimated amount of
,	week (list any hours for related	box offi	, unle	ss pe	rson	ıs bot	han	compensation	compensation	' amazint of
	(list any hours for related			lu a u	Hecto		44	1 '	' '	
	hours for related	r durect	l		1	77005	(66)	from	from related	other
	related					-		the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	8	stee			nsate		(W-2/1099-MISC)	(11 2) 1003 111100)	organization
		l Tas	nal fr		oyee	ompe		,		and related
	below	ıvığısı	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	i i	# ₀	ē.	₹.	Ş			
(1) MITCH MEYERS	1.00									^
DIRECTOR	1.00	X		-	_	-		0.	0.	0.
(2) ERIC L. HAUSLER	1.00									0
DIRECTOR		X	<u> </u>	_		├		0.	0.	0.
(3) JAMES M. SNOWDEN JR	1.00	7.					Ì		0	0
DIRECTOR		X	-	_	١.	├-		0.	0.	0.
(4) JAMES KREKELER	$\frac{1.00}{1.00}$	x						0.	0.	0
DIRECTOR	1.00	Δ		-	_			0.	0.	0.
(5) MICHAEL MCMILLAN	1.00	v						0.	0.	0.
DIRECTOR (6) REBECCA S. WEAVER	1.00	^	-		 		-	0.		
DIRECTOR	1.00	X	ļ		\			0.	0.	0.
(7) FELICIA W SHAW	1.00				1	 -	-			
DIRECTOR	1.00	X)		0.	o .	0.
(8) MARVIN ANDERSON	1.00	_				1				
SECRETARY		X		X				0.	0.	0.
(9) SUSAN P. SULLIVAN	1.00									
DIRECTOR	1.00	X				ļ		0.	0.	0.
(10) ELLEN J. SHERBERG	1.00									
DIRECTOR	1.00	X	L					0.	0.	0.
(11) GARY KROSCH	1.00	1	ļ							
DIRECTOR	1.00	X	<u> </u>		<u> </u>			0.	0.	0.
(12) THOMAS R. COLLINS	1.00		1						,	l
CHAIR	1.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(13) DENNIS J. JACKNEWITZ	1.00	1		ļ				_	_	_
DIRECTOR	1.00	X	<u> </u>	ļ		ļ		0.	0.	0.
(14) WINTHROP B. REED III	1.00		ļ	l	ļ			_	_	
DIRECTOR	1.00	X	L	<u> </u>	<u> </u>	ļ	ļ	0.	0.	0.
(15) MATTHEW W. GEEKIE	1.00		1				}		_	_
TREASURER	1.00		┼	X	\vdash	 		0.	0.	0.
(16) CYNTHIA J. KOHLBRY	1.00								_	_
DIRECTOR	1.00		-	-	+	-	-	0.	0.	0.
(17) JOHN M. JENNINGS	1.00		İ							_
DIRECTOR 632007 11-11-16	1.00	1 <u>v</u>	1	⊢,		1	<u> </u>	0.	0.	0 . Form 990 (2016)

832007 11-11-18

Form **990** (2016)

Form 990 (2016)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut	tions) 1e					ļ
tion		All other contributions, gifts, gran						
the		similar amounts not included abo	ve 1f	4,867,463,				1
d di	g	Noncash contributions included in lines	1a-1f \$	2,858,761.				
Co	_	Total. Add lines 1a-1f		>	4 867 463	İ		_
				Business Code				
ģ	2 a	ADMINISTRATION SERVICE		813000	1,433,381.	1,433,381.		
اه کخ		GRANT REVIEW FEES		813000	73,125.	73,125.		
Program Service Revenue		GRANT REFUND REVENUE		813000	8,000,	8,000.	•	
e a	d							
ogr R	е							
Ŗ.	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f		>	1,514,506.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	1,480,133.			1,480,133.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties						
			(i) Real	(II) Personal				
	6 a	Gross rents	18,983.	<u> </u>	· ·			
	b	Less rental expenses	0.		!			
	С	Rental income or (loss)	18,983.					}
	đ	Net rental income or (loss)		>	18,983.			18,983.
	7 a	Gross amount from sales of	(i) Securities	(II) Other	•			
		assets other than inventory	2,770,470.					
	b	Less cost or other basis						
		and sales expenses	1,216,370.		ļ			
	` c	Gain or (loss)	1,554,100.			^		
	d	Net gain or (loss)			1,554,100.		· · · · · · · · · · · · · · · · · · ·	1,554,100.
ne	8 a	Gross income from fundraisin	g events (not					
enr		including \$	of					
Sev.		contributions reported on line	1c) See	}				
Other Reven		Part IV, line 18	а				•	
Ţ.	b	Less direct expenses	b					
•	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		 Net income or (loss) from gan 	-					<u> </u>
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					·
	b	Less cost of goods sold	b	Ĺ				
	<u> </u>	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revent	ıe	Business Code		ļ		
	11 a	OTHER REVENUE		813000	15,376.			15,376,
	b	·		<u> </u>				
	С							
	d	All other revenue		L				
i		Total. Add lines 11a-11d		>	15,376.	1 - 1		
	12_	Total revenue See instructions		▶ .	9 450 561.	1,514,506.	0	3 068 592

Form 990 (2016) ST. LOUIS COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,182,291.	4,182,291.		
2	Grants and other assistance to domestic	4,102,271.	4,102,231.		
_	individuals See Part IV, line 22	7,500.	7,500.		•
3	Grants and other assistance to foreign	7,300.	7,500.		
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	331,400.	278,376.	49,710.	3,314.
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	565,857.	475,320.	84,878.	5,659.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,526.	44,962.	8,029.	535
9	Other employee benefits	59,025.	49,581.	8,854.	590
10	Payroll taxes	52,968.	44,493.	7,945.	530
11	Fees for services (non-employees)				
а	Management	484,836.	484,836.		
b	Legal	52,675.	39,506.	13,169.	
С	Accounting	44,595.	37,906.	6,689.	
d	Lobbying	4,725.	3,969.	709.	47
е	Professional fundraising services. See Part IV, line 17	242 442	242 442		
f	Investment management fees	343,419.	343,419.		
g	Other (If line 11g amount exceeds 10% of line 25,	67.064	46 000	0 272	10 (02
	column (A) amount, list line 11g expenses on Sch 0.)	67,864.	46,888.	8,373.	12,603
12	Advertising and promotion	135,979.	114,222.	20,397.	1,360
13	Office expenses	141,036. 133,911.	118,470. 112,485.	21,156.	1,410
14	Information technology	133,911.	114,465.	20,087.	1,339
15 16	Royalties Occupancy	40,376.	33,916.	6,056.	404
17	Travel	5,364.	4,506.	804.	54
18	Payments of travel or entertainment expenses	3,304.	4,500.	004.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,880.	15,859.	2,832.	189
20	Interest	19,653.	16,509.	2,948.	196
21	Payments to affiliates	25,7000	2070031	2/2200	
22	Depreciation, depletion, and amortization	55,701.	46,789.	8,355.	557
23	Insurance	11,099.	9,323.	1,665.	111
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) BUSINESS TAXES & FEES	37,217.		37,217.	
a b	SPECIAL EVENTS	32,048.	26,920.	4,807.	321
C	REPAIRS & MAINTENANCE	11,279.	9,474.	1,692.	113
d	MISCELLANEOUS	4,914.	4,128.	737.	49
-	All other expenses	8,402.	7,058.	1,260.	84
25	Total functional expenses Add lines 1 through 24e	6,906,540.	6,558,706.	318,369.	29,465
26	Joint costs. Complete this line only if the organization	0,000,010.	2,233,733	220,000.	22,1200
_~	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	-			

Part	$\overline{\mathbf{x}}$	Bal	lance	Shee	1

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,095.	1	3,335
	2	Savings and temporary cash investments	4,868,786.	2	4,877,972
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,997.	4	50,278
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		"-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	·
	9	Prepaid expenses and deferred charges	130,757.	9	103,236
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 2,033,837.		Ì	
	b	Less accumulated depreciation 10b 536,373.	765,067.	10c	1,497,464 71,493,071
	11	Investments - publicly traded securities	68,576,719.	11	71,493,071
	12	Investments - other securities See Part IV, line 11		12	1,322,126
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	74 400 404	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	74,400,421.	16	79,347,482
	17	Accounts payable and accrued expenses	73,441.	17	108,852
	18	Grants payable	254,500.	18	62,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,		İ	
		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		~	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	327,941.	26	170,852
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	32,7322		
		complete lines 27 through 29, and lines 33 and 34.			-
	27	Unrestricted net assets	74,072,480.	27	79,176,630
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			i
	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	74,072,480.	33	79,176,630
	34	Total liabilities and net assets/fund balances	74,400,421.	34	79,347,482

Form	990 (2016) ST. LOUIS COMMUNITY FOUNDATION	43-	60231	126	Pag	je 12				
Pai	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	450	,5	61.				
2	Total expenses (must equal Part IX, column (A), line 25)		6,906,540							
3										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	072	2,4	80.				
5	Net unrealized gains (losses) on investments	5		437						
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9		122	2,2	74.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	79	176	5,6	30.				
Pai	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					\mathbf{x}				
					Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				Ì					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1	Ì	Ì					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a		Į						
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis		Ì	Ì	Ì					
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		ļ						
	consolidated basis, or both									
	Separate basis X Consolidated basis Both consolidated and separate basis			Ì		l				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	l	1	l	1				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	irt							
	Act and OMB Circular A-133?		1	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired aud	lit			l				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L				
				Form	990	(2016)				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

		ÇФ.	LOTTE COMM	UNITY FOUNDA	יאר∟דית		ì	1	3-6023126_			
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete thi	s part) Se	e instructions		3-0023120_			
_		zation is not a private found										
1		A church, convention of ch		-	-		YAYi).					
2		A school described in secti					XX-,-					
3		A hospital or a cooperative					i).		•			
4	\Box	A medical research organiz						(iii). Enter	the hospital's name.			
		city, and state	•	,				.,	,			
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental u	ınıt describ	ed in			
		section 170(b)(1)(A)(ıv). (Complete Part II)										
6		A federal, state, or local gov		nental unit described in s	section 17	O(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). (Co						-	•			
8	\mathbf{X}	A community trust describe		1)(A)(vi), (Complete Part	: 11)							
9		An agricultural research org				ed in conju	nction with a	land-grant	college			
		or university or a non-land-g										
		university	_	,								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine:	sses acqu	red by the or	ganization	after June 30, 1975			
		See section 509(a)(2). (Cor	mplete Part III)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See s	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 5	509(a)(2)	See section 8	509(a)(3). C	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	iplete lines	s 12e, 12f, and	d 12g				
а						_						
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the s	upporting			
	_	organization You must o	•									
b		Type II. A supporting org	anızatıon supervised	or controlled in connect	tion with it	s supporte	ed organization	n(s), by ha	ving			
		control or management o	· · · · · · · · · · · · · · · · · · ·		ame perso	ns that co	ontrol or mana	ige the sup	ported			
	_	organization(s) You mus										
С				· •				lly integrate	ed with,			
		its supported organization										
d	L_	☐ Type III non-functionally		· •				-				
		that is not functionally int						d an attent	iveness			
		requirement (see instruct										
е	<u> </u>	Check this box if the orga					ı Type I, Type	II, Type III				
		functionally integrated, or	• •	nally integrated support	ng organiz	zation						
1		er the number of supported of	3	.d					L			
g		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount o	monetary	(vi) Amount of other			
	•	organization	(,,	(described on lines 1-10	rn your governi	ng document?	support (see ii	-	support (see instructions)			
			 	above (see instructions))	103	140						
		!	ļ									
]	-								
									İ			
												
						}						
					 		<u> </u>					
]									
 Tota	al											

Schedule A (Form 990 or 990-EZ) 2016 ST. LOUIS COMMUNITY FOUNDATION 43-60231 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	285,928.	1,122,813.	5,789,987.	4,597,985.	4,867,463.	16,664,176,
2	Tax revenues levied for the organ-						
	ızatıon'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	285,928.	1,122,813,	5,789,987,	4,597,985	4,867,463.	16,664,176,
	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)						7,118,610.
6	Public support. Subtract line 5 from line 4						9 545 566
	tion B. Total Support	,					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	285,928.	1,122,813.	5,789,987.	4,597,985.	4.867,463.	16,664,176.
8	Gross income from interest,	,				, , , , , , , , , , , , , , , , , , , ,	
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,543,949.	1,699,733.	1,952,578.	1,952,395.	1,499,116.	8,647,771.
9	Net income from unrelated business	2,515,545.	2,033,.00.	2,292,210.			
	activities, whether or not the						
	business is regularly carried on		447,287.		85,818.		533,105.
10	Other income Do not include gain						_
	or loss from the sale of capital			i		1	
	assets (Explain in Part VI)	10,814.	37,630.	442.424.	186,359.	15,376.	692,603.
11	Total support. Add lines 7 through 10		- , , ·			•	26,537,655.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 8	,470,775.
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor		,,		,		
Se	ction C. Computation of Publ	ic Support Pe	rcentage			-	
	Public support percentage for 2016 (olumn (f))		14	35.97 %
	Public support percentage from 2015	• • • • • • • • • • • • • • • • • • • •	•	、		15	28.65 %
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this be	ox and
	stop here. The organization qualifies						$\triangleright X$
Ŀ	33 1/3% support test - 2015. If the				l line 15 is 33 1/3%	or more, check t	
	and stop here. The organization qua						
172	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
10	Private foundation. If the organization						ns 🖟
10	Titrate louiteation. Il the organization	and not officer a	200 011 mile 10, 10	a, 100, 110, 01 111	5, 5,100. (1115 DOX)	ooo modaadda	<u></u>

Schedule A (Form 990 or 990 EZ) 2016 ST. LOUIS COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	iow, piease com	piete Fart II)_				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not		(1	į.		
include any "unusual grants ")]				
2 Gross receipts from admissions.				 	 	
merchandise sold or services per-		1				
formed, 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 bus-		†				
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ-			1			
ization's benefit and either paid to		†		!		
or expended on its behalf		ļ .	ļ			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		ļ			į	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>			 	
3 received from disqualified persons						ļ
b Amounts included on lines 2 and 3 received		 		 	 	
from other than disqualified persons that						1
exceed the greater of \$5,000 or 1% of the		(
amount on line 13 for the year	_ 	 			 	
c Add lines 7a and 7b		1		-	 	<u> </u>
8 Public support. (Subtract line 7c from line 6)		<u> </u>	L	<u> </u>	<u> </u>	<u></u>
Section B. Total Support				, 		,
Calendar year (or fiscal year beginning in) ► 📙	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		ļ			<u> </u>	
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties		Ì)		
and income from similar sources			-	1		
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses			1	1		Ì
acquired after June 30, 1975						
c Add lines 10a and 10b				 	 	
11 Net income from unrelated business		\ 		 	+	
activities not included in line 10b,					l .	1
whether or not the business is						
regularly carried on					<u> </u>	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)		ļ <u>-</u>		<u> </u>	 	
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>			<u> </u>	<u> </u>
14 First five years. If the Form 990 is for t	the organization'	s first, second, thii	d, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	Support Pe	ercentage	_			
15 Public support percentage for 2016 (lir	ne 8, column (f) d	divided by line 13,	column (f))		15	9
16 Public support percentage from 2015	Schedule A, Parl	t III, line 15	.,,		16	9
Section D. Computation of Inves						
17 Investment income percentage for 201					17	(
18 Investment income percentage from 2			, 55.57.111 (1))		18	
19a 33 1/3% support tests - 2016. If the c			on line 14 and lin	a 15 ie mare than	<u> </u>	
• •	-		•			17 IS HUL
more than 33 1/3%, check this box an	-	•	, ,			P L
b 33 1/3% support tests - 2015. If the c						
line 18 is not more than 33 1/3%, chec			·			
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check	this box and see ii	nstructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	۱. All	Sup	porting	Orga	nizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
Ī	<u>-</u> -		
1			
}	2		
1	3a		ľ
Ì			
ĺ			
ŀ	3b	ļ	<u> </u>
	3c		i
1			
	<u>4a</u>	-	
	4b	 	
ĺ			
ĺ			
	4c	İ	
Ì	_40_	-	
ļ		l	
	5a	ļ	
ļ	_ <u> </u>	1	
	5b_	ļ	
	5c	 	
į			
	6		
	7_		
	8	-	-
	9a_	<u> </u>	
	٠.		
	9b	+-	
	9c		
	4-		
	10a	 	+
	10b		

	William Asset Amount (add line / to line o)		
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-function	nally integrated Type III s	upporting organization (see

4

5

6

7

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,

Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by 035

instructions)

Recoveries of prior-year distributions

Minimum Agast Amount (add line 7 to line 6)

Schedule A (Form 990 or 990-EZ) 2016

43-6023126 Page 7 Schedule A (Form 990 or 990-EZ) 2016 ST. LOUIS COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016 b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

31, 2016.

DECEMBER 31 AND RESULTED IN A SHORT-YEAR FROM APRIL 1, 2016 TO DECEMBER

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizate	tions: Complete Part III			
Nar	ne of organization			Emplo	oyer identification number
	ST. LOU	IS COMMUNITY FOR	UNDATION		43-6023126
Pa	art I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 or	rganization.
	Provide a description of the organiz Political campaign activity expendit	•	ical campaign activities		
3	Volunteer hours for political campai	gn activities		-	
Б	art I-B Complete if the org	unization is avament un	dor coetion 501(c)		
	Enter the amount of any excise tax	janization is exempt un		(S). ▶\$	
	Enter the amount of any excise tax	•			
	If the organization incurred a section	• •	-	•	Yes No
	a Was a correction made?		- · - · · · · · · · · · · · · · · · · ·		Yes No
ı	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	janization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b			▶\$	
4	Did the filing organization file Form	•			L Yes L No
5	•				
	made payments For each organiza contributions received that were pro-	-			•
	political action committee (PAC) If				te segregated fund or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) [filing organization's	contributions received and
				funds if none, enter -0-	promptly and directly
					delivered to a separate political organization
			1		If none, enter -0-
		,			
		<u></u>			
					İ
		<u></u>			
				 	
			ĺ		

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990 EZ) 2016 Start II-A Complete in the organization	T. Lo	OUIS C	OMMUNITY FO	UNDATION n 501(c)(3) and file	43- ed Form 5768 (6023126 Page 2 election under
section 501(h)). A Check filing organization	n belong	gs to an affi	lated group (and list ii	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	of exces	s lobbying (expenditures)			
B Check ▶ ☐ If the filing organization	n check	ed box A ar	nd "firmited control" pro	ovisions apply		
		oying Exper eans amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce pub	lic oninion (grass roots lobbying)			
b Total lobbying expenditures to influe	-			ŀ		
*	-	•	y (direct loobying)	}		· · · · · · · · · · · · · · · · · · ·
, , , ,		<i>J</i> 10)		ŀ		
d Other exempt purpose expenditures			N			
e Total exempt purpose expenditures (•		•			
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or (D) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,0			0 plus 15% of the exc			1
Over \$1,000,000 but not over \$1,500		\$175,00	0 plus 10% of the exc	cess over \$1,000,000.		}
Over \$1,500,000 but not over \$17,00	00,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (ente	r 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero	or less, e	enter -0-		[
i Subtract line 1f from line 1c If zero o	r less, e	nter -0-				
j If there is an amount other than zero	on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ear?					Yes No
(Some organizations tha		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				 		
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johnving expenditures						-

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 ST. LOUIS COMMUNITY FOUNDATION 43-6023126 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(t)
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	}	}		
or referendum, through the use of	ļ	į		
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	 	<u> </u>		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	<u> </u>	X		
e Publications, or published or broadcast statements?		<u>X</u>		
f Grants to other organizations for lobbying purposes?	\- <u> </u>	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X		· /	1,725.
j Total Add lines 1c through 1i				1,725
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		1,123.
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		<u>. </u>
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect	tne prior year	(F) or so	otion	<u> </u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
Dues, assessments and similar amounts from members		11		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
expenses for which the section 527(f) tax was paid).		1 1		
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	xcess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounstructions), and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	up list), Part II	I-A, lines 1 a	ind 2 (see	
	······································			
APPROXIMATELY \$525 A MONTH IS PAID FOR EXPANDING THE	INTER	ESTS_O	F	
COMMUNITY FOUNDATIONS NATIONWIDE. THE ORGANIZATION I	S ONE (OF ABO	UT 80	
OTHER COMMUNITY FOUNDATIONS THAT PAY VAN SCOYOC ASSO	CIATES	FOR T	HEIR	
EFFORTS.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047_ Open to Public Inspection

Name of the organization

Employer identification number 12 6022126

Pai	t I Organizations Maintaining Donor Advise		r Accounts Complete if the
- 41	organization answered "Yes" on Form 990, Part IV, line		Accounts: Complete if the
	organization answered Tes Off Offit 990, Fait IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	53	(b) i dilab dila bulla desarrit
2	Aggregate value of contributions to (during year)	2,962,761.	
3	Aggregate value of grants from (during year)	2,672,551.	
4	Aggregate value at end of year	24,626,912.	
5	Did the organization inform all donors and donor advisors in v		funde
•	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor as	•	
Ū	for charitable purposes and not for the benefit of the donor o	· -	-
	impermissible private benefit?	Total advisor, or for any other purpose co.	X Yes No
Pai		anization answered "Yes" on Form 990 Par	
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		- 111010/10 CH 401010
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	rganization during the tax
	year ▶	•	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	tholds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
Dai	conservation easements t III Organizations Maintaining Collections or	f Art Historical Transumas or Oth	or Cimilar Assets
Fai		-	er Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ain, provide
_	the following amounts required to be reported under SFAS 1	to (Mac app) telating to these items.	*
a	·		-
	Assets included in Form 990, Part X For Panarwork Reduction Act Notice, see the Instruction	o for Form 000	Schadula D /Form 990) 2016

Sche	dule D (Form 990) 2016 ST. LOU	<u>IS COMMUNI</u>	TY FOUNDAT	ION	43-	6023126 Page 2	
Pai	rt III ` Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Of	her Similar As	sets(continued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significant use of	its collection items	
	(check all that apply)		·	•	•		
а	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	e		ago p.og.ao			
c	Preservation for future generations	·					
4	Provide a description of the organization's co	Mactions and evalua	n how thou further t	no organization's s	vomnt nurnose in	Dart YIII	
			•	-		- art Aiii	
5	During the year, did the organization solicit o				liar assets		
Da	to be sold to raise funds rather than to be ma					Yes No	
rai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form 990, Part	IV, line 9, or	
 -			 				
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	is or other assets r	not included		
	on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.				
					\\	Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	ability?	Yes No	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Part	KIII		
Par							
		(a) Current year	(b) Prior year	(c) Two years back		ack (e) Four years back	
1a	Beginning of year balance	49,447,362.	54.828.214.	53,750,814			
b	Contributions	30,400.	5,800.	6,300			
	Net investment earnings, gains, and losses						
C		4,119,667.	-2,566,349.	3,836,385			
d	Grants or scholarships	137,431.	1,529,699,	1,549,550	1,462,3	98. 1,289,324.	
е	Other expenditures for facilities						
	and programs	230,832.	314,071.	13,74			
f	Administrative expenses	380,580.	976,533.	1,201,98	7. 786,8	06. 286.101.	
g	End of year balance	52,848,586.	49,447,362.	54,828,21	53,750,8	14. 47,952,819.	
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as			
а	Board designated or quasi-endowment	100.00	_%				
b	Permanent endowment ► .00	%					
С	Temporarily restricted endowment ▶	.00%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	or the organization		
	by				-	Yes No	
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations 3a(ii) X						
b	o If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						
4	Describe in Part XIII the intended uses of the	· ·				00	
	t VI Land, Buildings, and Equipm		William Idilas				
	Complete if the organization answered) Part IV line 11a S	Soo Form 900 Par	Y line 10		
						(A) Dealers also	
	Description of property	(a) Cost or o	\ <i>\</i>	, ,) Accumulated	(d) Book value	
	 	basis (investr	Dasis	(other)	depreciation		
	Land						
b	Buildings	ļ					
С	Leasehold improvements			0,352.	38,351.	1,292,001.	
d	Equipment		70	3,485.	498,022.	205,463.	
	Other						
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)		1,497,464.	

Schedule D (Form 990) 2016

(3) (4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

	rt XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	eturn.	723120 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Ī		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		Ĺ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	_4b]	
С	Add lines 4a and 4b		,	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u> </u>	5	
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per l	Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		1	
a	Donated services and use of facilities	_2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d		_	
e	Add lines 2a through 2d		-	2e	
3	Subtract line 2e from line 1		}	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 45 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a			
b	Add lines 4a and 4b	4b		4-	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		-	4c 5	
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1b an	d 2h Part V line 4	Part X I	ine 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			,	
PA	RT V, LINE 4:				
TH.	E ST. LOUIS COMMUNITY FOUNDATION USES THES	E BOARD	DESIGNATI	ED EN	DOWMENTS
FO.	R THE PURPOSES SPECIFIED BY THE INDIVIDUAL	FUND A	GREEMENTS	, UTI	LIZING
~ TT1	DOING ADDROUGH ANNUL GROWNING BOLTON HO	D===D\(GD 3.34
OUI	R BOARD APPROVED ANNUAL SPENDING POLICY TO	DETERM.	INE OUR AL	NNUAL	GRANT
DT					
דת	STRIBUTION OF THESE FUNDS.				
PAI	RT X, LINE 2:				
	A, DING 2.				
BA	SED ON THE EVALUATION OF THE FOUNDATION'S	TAX POS	TTTONS M	NACE	MENT
	SED ON THE EVINDONTION OF THE POUNDATION B	IM IOD.	IIIOND, M	MAGE	HILLIN I
BE	LIEVES ALL POSITIONS TAKEN WOULD BE UPHELD	UNDER	AN EXAMIN	ATTON	J.
	THE TOTAL PROPERTY OF THE PROP	2112111			· •
TH:	EREFORE, NO PROVISION FOR THE EFFECTS OF U	NCERTAI	N TAX POS	ITION	IS HAS
BE:	EN RECORDED AT DECEMBER 31, 2016.				
			·		
				<u> </u>	

Schedule D (Form 990) 2016	ST.	LOUIS	COMMUNITY	FOUNDATION		43-6023126	Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	ormation	(continued))				
•							
							
				•			_
						~ 	
						· · · · · · · · · · · · · · · · · · ·	
			· 				
							_
							
							
							
					•		
						<u> </u>	
				 · · · · · · · · · · · · · · · · · ·			
			· -				
						. , -	
							
 							
						ı	
						·	
· · · · · · · · · · · · · · · · · · ·							

SCHEDULEI (Form 990) Internal Revenue Service

Name of the organization

Department of the Treasury

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

OMB No 1545-0047	2016	Open to Public Inspection

Employer identification number

ST LOUIS COMMUNI	COMMUNITY COMMUNITY	ST. LOUIS COMMUNITY FOUNDATION attents on Grants and Assistance	N				43-6023126
Ses Iter	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the select	ion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	States			
ᇳ	Domestic Organ	zations and Domesti	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	þe			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION, ST. LOUIS							GENERAL SUPPORT, LONGEST DAY FUNDRAISER BY THE ST.
CHAPTER - 9370 OLIVE BLVD ST. LOUIS. MO 63132-3214	43-1237069	501(C)(3)	12,605,	0.			LOUIS BRIDGE CENTER, 2016 SIVE STL DAY NET GRANT
ANGELS' ARMS 12128A TESSON FERRY ROAD ST. LOUIS MO 63128	43-1894074	501(C)(3)	8 169	0			GENERAL SUPPORT FOR MOST URGENT NEEDS, 2016 GIVE STL DAY NET GRANT
ANIMAL HOUSE FUND 2151 59TH ST.				,			2016 GIVE STL DAY NET GRANT AND HOURLY PRIZE
ST, LOUIS, MO 63110	30-0177612	501(C)(3)	30,804,	0			INCENTIVE
ANIMAL PROTECTIVE ASSOCIATION OF MISSOURI - 1705 SOUTH HANLEY ROAD - ST, LOUIS, MO 63144	43-0699783	501(C)(3)	7,949,	0			2016 GIVE STL DAY NET GRANT
ANNIE'S HOPETHE BEREAVEMENT CENTER FOR KIDS - 1333 W LOCKWOOD AVE SUITE 104 - ST, LOUIS, MO 63122	43-1801433	501(C)(3)	8,786,	0			COME TOGETHER FERGUSON FUND2016 GIVE STL DAY NET GRANT
ARCH GRANTS 911 WASHINGTON AVENUE, SUITE 415							GENERAL SUPPORT, 2016 SIVE STL DAY NET GRANT, FUND-A-NEED AT ARCH
ST, LOUIS, MO 63101	27-4875945	501(C)(3)	29,542,	0			GRANTS GALA
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	te line 1 table				106

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table HA

Schedule I (Form 990) (2016)

9
α
Н
സ
2
0
9
1
സ

•	
90), Part II.)	
United States (Schedule I (Form 9	
nments and Organizations in the	
nd Other Assistance to Gover	
Continuation of G	
	s and Other Assistance to Governments

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (f) Method of (g) organization or government (h) Method of (g) IRC section (d) Amount of (h) Method of (g) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (h) Method of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) IRC	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART ST. LOUIS 1223 PINE STREET 500 100 100 100 100 100 100 100 100 100	11562307	, c	л 5	c	appraisa, ourer		2016 GIVE STL DAY NET
1 7 7	43-1648435	501(C)(3)					CANCER FRONTIER FUND, 2016 GIVE STL DAY NET GRANT, THE FOX FAMILY PANCHEATIC CANCER
BEYOND HOUSING 6506 WRIGHT WAY ST. LOUIS MO 63121	51-0179471	501(C)(3)	10.844.	0			THE PAGEDALE COMMUNITY CENTER, 2016 GIVE STL DAY NET GRANT
CENTER OF CREATIVE ARTS AKA COCA 524 TRINITY AVENUE ST. LOUIS, MO 63130	43-1395056	501(C)(3)	76,821.	0			GENERAL SUPPORT, COME TOGETHER FERGUSON FUND, 2016 GIVE STL DAY NET GRANT
CENTRAL PRESBYTERIAN CHURCH 7700 DAVIS DRIVE ST. LOUIS MO 63105	43-0688864	501(C)(3)	15,000	0		V	SENERAL SUPPORT
TRAL REFORM 10 WATERMAN LOUIS, MO	43-1336060	501(C)(3)	27,030,	0			CRC'S RABBI SUSAN TALVE FUND, IN MEMORY OF MARTINE ZWERLING, DEAR FATHER OF RISA ZWERLINGAND
CHALLENGER LEARNING CENTER ST. LOUIS - 205 BROTHERTON LANE - ST. LOUIS, MO 63135	43_6005660	501(C)(3)	5,460,	0			COME TOGETHER FERGUSON FUND, 2016 GIVE STL DAY NET GRANT
CHIPS HEALTH AND WELLNESS CENTER 2431 N. GRAND BOULEVARD ST. LOUIS, MO 63106	43-1589851	501(C)(3)	5,105,	,0		V V. H V	GIVE STL DAY 2016 NET GRANT AND PRIZE FOR A HEALTH RELATED NONPROFIT ORGANIZATION
CHURCHILL CENTER AND SCHOOL 1021 MUNICIPAL CENTER DRIV ST. LOUIS, MO 63131	43-1123374	501(C)(3)	8,764,	0			2016 GIVE STL DAY NET GRANT Schedule / Form DOD

Schedule I (Form 990) ST. LOUIS	COMMUNIT	COMMUNITY FOUNDATION	N			4	43-6023126 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II)	u)	
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
CIRCUS HARMONY 4120 PARKER ROAD FLORISSANT, MO 63033	43-1918399	\$01(C)(3)	6, 381,	0			COME TOGETHER FERGUSON FUND, 2016 GIVE STL DAY NET GRANT
CITY ACADEMY, INC. 4175 N. KINGSHIGHWAY BLVD. ST. LOUIS, MO 63115	31-1619379	501(C)(3)	29,040,	0			GENERAL SUPPORT, THE STEAM PROGRAM, 2016 GIVE STL DAY NET GRANT
CITY GARDEN MONTESSORI SCHOOL 1618 TOWER GROVE AVENUE ST. LOUIS MO 63110	43-1671014	501(C)(3)	5,524,	o	İ		2016 GIVE STL DAY NET GRANT
CLAL - THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP - 440 PARK AVENUE, SOUTH 4TH FLOOR - NEW YORK NY 10016	23-7390358	501(C)(3)	25,000	0			DISRUPTIVE SPIRIT INNOVATION FUND FOR RABBI IRWIN KULA
COLLEGE BOUND ST. LOUIS 110 NORTH JEFFERSON ST. LOUIS, MO 63103	20-4768985	501(C)(3)	27,110.	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT, COLLEGE BOUND GALA, RAISE A PADDLE
COMMUNITY SCHOOL ASSOCIATION 900 LAY ROAD ST, LOUIS, MO 63124	43-0653286	501(C)(3)	6,250,	.0			GENERAL SUPPORT
CORNERSTONE CORPORATION 6030 ETZEL AVENUE SAINT LOUIS, MO 63130	43-1108915	501(C)(3)	9,445,	0			2016 GIVE STL DAY NET GRANT
CUSHING ACADEMY TRUSTEES PO BOX 8000 ASHBURNHAM, MA 01430	04-2104048	501(C)(3)	33,333,	0			GENERAL SUPPORT
EARTHDANCE 233 S. DADE AVENUE ST. LOUIS, MO 63135	27-4160056	501(c)(3)	5,512	0			2016 GIVE STL DAY NET GRANT

Schedule I (Form 990)

Schedule (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNIT Assistance to Go	Y FOUNDATION	IN nizations in the Ur	nited States (Sche	dule I (Form 990), Par		43-6023126 Page 1
1	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant on assistance
EASTER SEALS MIDWEST 13545 BARRETT PARKWAY DRIVE, SUITE BALLWIN, MO 63021	43-0979927	501(C)(3)	15,995,	0			2016 GIVE STL DAY NET GRANT
ENERGY CARE, INC. PO BOX 63172 ST, LOUIS, MO 63163-9966	43-1319781	501(C)(3)	6,019,	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT
EPWORTH CHILDREN AND FAMILY SERVICES - 110 N. ELM - ST. LOUIS, MO 63119	43-1069741	501(C)(3)	5 069	0			2016 GIVE STL DAY NET GRANT
FIELD PROJECTS INTERNATIONAL 7331 MURDOCH AVE ST, LOUIS, MO 63119	46-3614876	501(C)(3)	5,457.	0			2016 GIVE STL DAY NET GRANT AND HOURLY PRIZE INCENTIVE
FIRST STEP BACK HOME PO BOX 966 O'FALLON, MO 63366	20-8676289	501(C)(3)	5,002,	0			2016 GIVE STL DAY NET GRANT
FIVE ACRES ANIMAL SHELTER 1099 PRALLE LANE ST, CHARLES, MO 63303	01-0756138	501(C)(3)	5,795,	*0			2016 GIVE STL DAY NET GRANT
FOREST PARK FOREVER 5595 GRAND DRIVE IN FOREST PARK ST, LOUIS, MO 63112	43-1427062	501(C)(3)	19,924,	0			2016 GIVE STL DAY NET GRANT AND SUPPORT, FOR EDUCATIONAL PROGRAMS

11,102,

43-0714167 501(C)(3)

Schedule I (Form 990)

2016 GIVE STL DAY NET GRANT

2016 GIVE STL DAY NET

GRANT

5,636,

501(C)(3)

43-1615929

FOREST RELEAF OF MISSOURI 4207 LINDELL BLVD. SUITE 301

ST, LOUIS MO 63108

FORWARD THROUGH FERGUSON

20 S. SARAH STREET ST. LOUIS, MO 63108

9	
2	
щ	
3	
2	
0	
9	
- 1	
3	
4	

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	COMMUNITY Assistance to Gover	Y FOUNDATION	N nizations in the Ur	ited States (Sche	dule I (Form 990), Pa		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTER AND ADOPTIVE CARE COALITION OF GREATER ST. LOUIS - 1750 SOUTH BRENTWOOD BLVD. SUITE 210 - ST. LOUIS, MO 63144	43-1570225	501(C)(3)	18,524	0			GIVE STL DAY 2016 NET GRANT AND HOURLY PRIZE INCENTIVE
GATEWAY FESTIVAL ORCHESTRA OF ST. LOUIS - P.O. BOX 50211 - ST. LOUIS, MO 63105	43-0815081	501(C)(3)	15,929.	0			CHALLENGE GRANT AND 2016 GIVE SIL DAY NET GRANT
GATEWAY PET GUARDIANS 5321 MANCHESTER AVE. ST. LOUIS, MO 63110	26-0096240	501(C)(3)	11,746.	0			2016 GIVE STL DAY NET GRANT
GATEWAY PGA FOUNDATION 17269 WILD HORSE CREEK RD., SUITE 1 CHESTERFIELD, MO 63005	20-8954501	501(C)(3)	24,923,	0			HOURLY PRIZE INCENTIVE AND NET GRANT FROM GIVE STL DAY 2016
GLOBALHACK INC. 911 WASHINGTON AVENUE, SUITE 657 ST. LOUIS, MO 63101	46-3747215	501(C)(3)	25,000.	0			2016 HACK-A-THON SPONSORSHIP
GOLDEN TRIANGLE YMCA OF CENTRAL FLORIDA - 1465 DAVID WALKER RD - TAVARES, FL 32778	59-0624430	501(C)(3)	6,500,	0			0,11
GREAT CIRCLE 330 N. GORE AVENUE ST. LOUIS, MO 63119	43-0681471	501(C)(3)	137,025.	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT, PROCEEDS AVAILABLE FROM SALE OF TAX CREDITS FROM
GREATER ST. LOUIS CHURCH 9330 STANSBERRY AVENUE ST. LOUIS, MO 63134	43-1412491	501(C)(3)	137,503,	0			GENERAL SUPPORT
HAVENHOUSE ST. LOUIS 12685 OLIVE BLVD. ST. LOUIS, MO 63141	20-1876315	501(C)(3)	8,547,	0			2016 GIVE STL DAY NET GRANT Schedule I (Form 990)

632241 04-01-16

_	
ď	
c	
7	
6	
ċ	-
ŭ	0
- 1	
~	
~	۲

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gover	Y FOUNDATION vernments and Organiz	N izations in the Ur	ited States (Sche	dule I (Form 990), Par		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVE.							SUPPORT FOR BARK IN THE PARK AND GLOW IN THE PARK, 2016 GIVE STL DAY
ST, LOUIS, MO 63110 JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER-KERSEE CIR Easer er louis II. 62204	43-0652638	501(C)(3) 501(C)(3)	6 389				NET GRANT 2016 GIVE STL DAY NET GRANT
JDRF GREATER MISSOURI AND SOUTHERN ILLINOIS CHAPTER - 50 CRESTWOOD EXECUTIVE CENTER SUITE 401 - ST.	23-1907729	501(C)(3)	•	O			RIDE TO CURE DIABETES - EMILY RAPP - TUCSON, FUND A CURE 2016, 2016 GIVE STL, DAY NET GRANT
JDRF INTERNATIONAL - NEW YORK 26 BROADWAY, 14TH FLOOR NEW YORK IN 10004	51-0150028	501(C)(3)	10 000	0			FUND A CURE, SUPPORT OF TURNER RAPP - RIDE TO CURE DIABETES - TUCSON
MILY	43-0790330	501(C)(3)	5,363,	0			2016 GIVE STL DAY NET GRANT, CAPITAL CAMPAIGN FOR THE JEWISH FOOD PANTRY
ISH FEDERAT MILLSTONE (LOUIS, MO	43-0652643	501(C)(3)	61,000,	0			NISHMAH: THE ST. LOUIS JEWISH WOMEN'S PROJECT, GENERAL SUPPORT.
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST, LOUIS, MO 63124-1899	43-0652619	501(C)(3)	105,500,	0			THE SCIENCE LIBRARY BUILDING PROJECT, GENERAL SUPPORT
KINGDOM NEWS NETWORK NFP 444 E. ROOSEVELT RD, #239 LOMBARD, IL 60148	20-0555233	501(C)(3)	230,000,	0			DISCIPLES TODAY: TECHNOLOGY INVESTMENT FOR EVANGELISM
LITTLE BIT FOUNDATION 2300 CLARK AVENUE ST, LOUIS, MO 63103	20-0126713	501(C)(3)	9,848,	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT Schedule I (Form 990)

9	,
3	ı
_	
~	
0	
С	
9	
- 1	
~	
4	•

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gover	Y FOUNDATION	N nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		43-6023126 Page 1
1	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGOS, INC. 9137 OLD BONHOMME ROAD ST ST LOUTS MO 63132	43-0968673	501(C)(3)	12,982,	0			2016 GIVE STL DAY NET GRANT
	36-2167778	S01(C)(3)	10,000.	,0			"LET YOUR LOVE SHINE" BENEFIT
MAGDALENE ST. LOUIS PO BOX 1143 ST. LOUIS. MO 63188	90-0855622	501(C)(3)	9,467.	0			2016 GIVE STL DAY NET GRANT
MARIAN MIDDLE SCHOOL INTERCOMMUNITY EDUCATION ASSOCIATION - 4130 WYOMING STREET - ST LOHIS MO 63116	43-1873629	501(C)(3)	8 653	0			2016 GIVE STL DAY NET GRANT, THE STEM INNOVATION CENTER
	<u> </u>	501(C)(3)	7,547.	0			SENERAL SUPPORT, 60TH REUNION GIFT FOR MRS.BARKSDALE, 2016 GIVE STL DAY NET GRANT
MASON COUNTY HISTORICAL SOCIETY 1687 S. LAKESHORE DR. LUDINGTON, MI 49431	38-1689000	501(C)(3)	15,250.	0			GENERAL SUPPORT, THE PORT OF LUDINGTON MARITIME MUSEUM
MICROFINANCING PARTNERS IN AFRICA 4949 COLUMBIA AVENUE ST, LOUIS, MO 63139	86-1171133	501(C)(3)	5,105,	0			2016 GIVE STL DAY NET GRANT, GENERAL SUPPORT
MIRIAM FOUNDATION 501 BACON AVE. WEBSTER GROVES, MO 63119	43-0667478	501(C)(3)	19,408.	0.			<u></u>
MISSION: ST. LOUIS 3108 N. GRAND BLVD ST. LOUIS, MO 63107	20-8983607	501(C)(3)	14,276.	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT, NIGHT FOR THE TOWN AUCTION AND FUND-A-NEED Schedule I (Form 990)

9
2
Н
ന
N
0
७
- 1
സ
4

(Form 990), Part II.)	(f) Method of (g) Description of valuation non-cash assistance (book, FMV, appraisal, other)	Æ STL DAY	GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT, MEMORIAL FOR CARMEN D. CERVANTES, MEMORIAL	2016 GIVE STL DAY NET GRANT	2016 GIVE STL DAY NET GRANT	2016 GIVE STL DAY NET GRANT	GENERAL SUPPORT	2016 GIVE STL DAY NET GRANT	2016 GIVE STL DAY NET GRANT	2016 GIVE STL DAY NET GRANT Schedule I (Form 990)
ted States (Schedule)	(e) Amount of non-cash assistance app	0	0	0	0	0	0	0	0	0
(Form 990) ST. LOUIS COMMUNITY FOUNDATION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(d) Amount of cash grant	6,142,	5,430,	9,376.	908 9	7,442.	25,000.	26,619,	24,159,	8,355,
	(c) IRC section if applicable	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
	(b) EIN	43-1694323	43-1601329	23-7444249	43-1241854	36-4521704	26-4399870	43-0652666	43-1416762	32-0188511
Schedule I (Form 990) ST. LOUIS Part II Continuation of Grants and Other		NOTRE DAME HIGH SCHOOL 320 EAST RIPA AVE. ST, LOUIS, MO 63125-2897	NURSES FOR NEWBORNS FOUNDATION 7259 LANSDOWNE AVENUE #100 ST, LOUIS, MO 63119-3421	OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	OPERATION FOOD SEARCH 1644 LOTSIE BOULEVARD ST, LOUIS, MO 63132	PARTNERS FOR PETS PO BOX 445 9136 LOWER MARINE ROAD TROY. IL 62294		PLANNED PARENTHOOD OF THE ST. LOUIS REGION - 4251 FOREST PARK AVENUE - ST. LOUIS, MO 63108	PROJECT COPE DBA CONCORDANCE ACADEMY - 1845 BORMAN COURT - ST. LOUIS, MO 63146	PROMISE CHRISTIAN ACADEMY 13250 SOUTH OUTER 40 TOWN AND COUNTY, MO 63017

Page 1
-6023126
43

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gover	FOUNDATION FOUNDATION Control of the control of the	N nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKAWAY RISING INCORPORATED 205 B AQUATIC PLACE FAR ROCKAWAY, NY 11692	47-4620138	501(C)(3)	25,000,	0			GENERAL SUPPORT
1 2 7 ~	43-0653244	501(C)(3)	17,123,	0			2016 GIVE STL DAY NET GRANT
SAINT LOUIS PRIORY SCHOOL 500 S. MASON ST. LOUIS MO 63141	43-0713971	501(C)(3)	14,273,	0			2016 GIVE STL DAY NET GRANT
	43-0654872	501(0)(3)	ж Ф И	0			GENERAL SUPPORT, 2016 GIVE STL DAY SUPPORT AND NET GRANT
1 2 5	9090990 67	E 0 1 (2)		c			GENERAL SUPPORT, 2016 SIVE STL DAY NET GRANT, SUPPORT FOR THE GO FORTH CAMPAIGN
ST, LOUIS, MO 63110 SCHOLARSHIP FOUNDATION OF ST. LOUIS - 6825 CLAYTON AVE ST. LOUIS MO 63139	43-0002300	501 (C) (3)		0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT, 1/3 ANNUAL SERVICE FEE FOR
1 n i-2	68-0492186	501(C)(3)	10,000,	*0		,	GENERAL SUPPORT
SPECIAL SCHOOL DISTRICT 12110 CLAYTON ROAD ST, LOUIS, MO 63131	43-1900784	501(C)(3)	35,000.	0			TO PROVIDE OUT-OF-POCKET PROGRAM COSTS FOR UP TO 56 SENIORS AND 77 JUNIORS ENROLLED IN COSMETOLOGY
ST. ANDREW'S CHARITABLE FOUNDATION 6633 DELMAR BLVD.	26-0568165	501(C)(3)	30 000	0			SUPPORT OF THE 2016 GALA Schedule (Form 990)
							(

9
2
Н
സ
2
0
9
1
സ
4

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDA	COMMUNITY Assistance to Go	COMMUNITY FOUNDATION ssistance to Governments and Organiz	IN nizations in the Ur	nted States (Sche	TION Organizations in the United States (Schedule I (Form 990), Part II)		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST, LOUIS ARC 1177 NORTH WARSON ROAD ST, LOUIS, MO 63132	43-0718811	501(C)(3)	6,219,	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT
ST, LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)(3)	5,804,	0			2016 GIVE STL DAY NET GRANT
ST, LOUIS PUBLIC SCHOOLS FOUNDATION - 801 N, 11TH ST 3RD FLOOR - ST, LOUIS, MO 63101	43-1813849	501(0)(3)	5,857,	0			2016 GIVE STL DAY NET GRANT
ST, LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	01-0584486	501(C)(3)	9,173,	0			2016 GIVE STL DAY NET GRANT
ST, MARGARET OF SCOTLAND SCHOOL 3964 CASTLEMAN AVENUE ST, LOUIS, MO 63110	43-0653523	501(C)(3)	21,764,	0			2016 GIVE STL DAY NET GRANT
ST, PATRICK CENTER 800 NORTH TUCKER ST, LOUIS, MO 63101	43-1263499	501(C)(3)	5,716	0			2016 GIVE STL DAY NET SRANT
	43-1434156	501(C)(3)	10,169,	0			2016 GIVE STL DAY NET GRANT, EDUCATIONAL SPONSORSHIP FOR SISTER ACT
STRAY RESCUE OF ST. LOUIS 2320 PINE STREET ST. LOUIS, MO 63103	43-1823801	501(C)(3)	32,836,	0			2016 GIVE STL DAY NET GRANT
STS, JOACHIM & ANN SCHOOL 4110 MCCLAY ROAD ST, CHARLES, MO 63304	43-1253468	501(C)(3)	6,940.	0			2016 GIVE STL DAY NET GRANT Schedule I (Form 990)

ဖ
~
4
സ
2
9
ī
സ
4

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gover	Y FOUNDATION vernments and Organiz	N nizations in the Ur	ited States (Sche	dule I (Form 990), Par		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
SUPPORT DOGS, INC. 10955 LINPAGE PLACE ST, LOUIS, MO 63132	43-1379801	501(C)(3)	5,752,	0			2016 GIVE STL DAY NET GRANT
TEACH FOR AMERICA 1204 WASHINGTON AVE. STE, 300 ST, LOUIS, MO 63103	13-3541913	501(C)(3)	5,127,	0	,		GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT
TEEN CHALLENGE OF ST. LOUIS 2650 APPLETREE ACRES LANE P.O. BOX HIGH RIDGE, MO 63049	43-0886733	501(C)(3)	7,290,	0			2016 GIVE STL DAY NET GRANT
TENTH LIFE CAT RESCUE P.O. BOX 63187 3202 CHEROKEE STREET ST. LOUIS, MO 63118	26-4014748	501(C)(3)	12,928,	0			2016 GIVE STL DAY NET GRANT
BACKSTOPPE 1 CLAYTON LOUIS, MO	43-6032561	501(C)(3)	6,155,	0			SUPPORT FOR THE BRIDGE HAVEN PRO-AM BRIDGE TOURNAMENT, 2016 GIVE STL DAY NET GRANT
THE BIOME 4471 OLIVE STREET ST, LOUIS, MO 63108	47-1100460	501(C)(3)	10,000.	0			GENERAL SUPPORT
THE BOYS & GIRLS CLUBS OF ST. CHARLES COUNTY - 1211 LINDENWOOD AVE - ST, CHARLES, MO 63301	43-0714369	501(C)(3)	12,000.	0			FOOTBALL EQUIPMENT
THE HAVEN OF GRACE 1225 WARREN STREET ST, LOUIS, MO 63106	43-1611181	501(C)(3)	25,271,	0			GENERAL SUPPORT, 2016 GIVE STL DAY NET GRANT
THE OASIS INSTITUTE 11780 BORMAN DRIVE ST, LOUIS, MO 63146	43-1830354	501(C)(3)	16,654	0			2016 GIVE STL DAY NET AND MATCHING GRANTS Schedule I (Form 990)

9
7
Н
ന
N
0
9
ţ
ന
4

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COMMUNITY Assistance to Gover	Y FOUNDATION vernments and Organiz	N nizations in the U	nited States (Sche	dule I (Form 990), Par		43-6023126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC sectron if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
THE PEACEFUL PROJECT PO BOX 1655 MANCHESTER, MO 63011	82-0558854	501(c)(3)	5,186.	0			2016 GIVE STL DAY NET GRANT
THE REGIONAL BUSINESS COUNCIL 7701 FORSYTH BOULEVARD SUITE 205 CLAYTON, MO 63105	43-1913803	501(C)(3)	55,000.	0			ANNUAL GIVING, AND BOARD MEMBER GIFT FROM SHERRIE SIMS
THE URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC 3701 GRANDEL SQUARE - ST. LOUIS, MO 63108	43-0653605	501(C)(3)	16,675.	.0			WHITNEI M. YOUNG SOCIETY SUPPORT, 2016 GIVE STL DAY NET GRANT, THE LESLIE ENDOWMENT
VILLA DUCHESNE/OAK HILL SCHOOL 801 SOUTH SPEDE ROAD P.O. BOX 95476 ST. LOUIS, MO 63131	43-1386584	501(C)(3)	20,823.	0			ANNUAL FUND CAMPAIGN, GIVE STL DAY SUPPORT AND NET GRANT, SUPPORT FOR TURF FIELD CONSTRUCTION
	43-0653611	501(C)(3)	1,056,500.	0			GENERAL SUPPORT, SUPPORT FOR THE LAW SCHOOL, ELIOT SOCIETY SUPPORT FOR THE OLIN SCHOOL, THE
WE CHARITY 4301 HIGHWAY 7, SUITE 120 MINNEAPOLIS, MN 55416	16-1533544	501(c)(3)	25,000.	0			RESTRICTED FOR ST, LOUIS
WINGS OF HOPE, INC. 18370 WINGS OF HOPE BOULEVARD CHESTERFIELD, MO 63005	43-0909606	501(C)(3)	34,848.	0			GIVE STL DAY 2016 NET GRANT AND HOURLY PRIZE INCENTIVE
WORLD PEDIATRIC PROJECT 755 SOUTH NEW BALLAS ROAD, SUITE 14 ST, LOUIS, MO 63141	54-1953305	501(¢)(3)	12,370.	0			2016 GIVE STL DAY NET GRANT, TREASURES IN PARADISE, GENERAL, SUPPORT
WRESTL 1800 S. BROADWAY ST. LOUIS, MO 63104	47-5139786	<u>501(C)(3)</u>	5,471.	0			2016 GIVE STL DAY NET GRANT Schedule I (Form 990)

43-6023126 Page 1	(h) Purpose of grant or assistance	GIVE STL DAY 2016 NET GRANT AND HOURLY PRIZE INCENTIVE				(OD) and (I) I of the other	Schedule I (Form 990)
	(g) Description of non-cash assistance			1			
edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
nited States (Sch	(e) Amount of non-cash assistance	0					
(Form 990) ST. LOUIS COMMUNITY FOUNDATION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(d) Amount of cash grant	16,787.					
	(c) IRC section if applicable	501(C)(3)				-	
	(b) EIN	43-1114640				-	
Schedule I (Form 990) ST. LOUIS Part II Continuation of Grants and Other A	(a) Name and address of organization or government	YESHIVA HIGH SCHOOL OF ST. LOUIS 1146 N. WARSON ROAD ST. LOUIS, MO 63132					

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) EACH GRANT REFLECTS A COLLABORATIVE UNDERSTANDING OF THE DONOR'S CHARITABLE GUIDESTAR'S CHARITY CHECK IS USED TO VERIFY STATUS AND IDENTIFY SUPPORTING GOALS IN ESTABLISHING A FUND AND THE COMMUNITY FOUNDATION'S UNDERSTANDING Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed NONPROFIT STATUS INCLUDING GRANTS 단 INDIVIDUALS, AND THE PRACTICAL, ADMINISTRATIVE FACTS OF ASSURING (d) Amount of non-cash assistance 0 GRANTS ARE MADE ONLY OR EQUIVALENT, 7,500 46 (c) Amount of cash grant OF THE REGULATIONS THAT GOVERN CHARITABLE GRANTS, ORGANIZATIONS. CONTINUED ON SUPPLEMENT PAGE (b) Number of recipients APPROPRIATE RECORDKEEPING AND OVERSIGHT. ORGANIZATIONS WITH CONFIRMED 501(C)3, (a) Type of grant or assistance LINE 2: 632102 11-01-18 PART I EDUCATION Part IV

Page 2

43-6023126

LOUIS COMMUNITY FOUNDATION

Schedule I (Form 990) (2016)

Part III

CONTINUED	FROM	SCH	Т	PART	ΤV	SUPPLEMENTAL	TNFORMATON.
CONTINUE	I. I. OLI	3011		LULI	T A	SOLEDERICKTURE	THEORNATON

GRANT RECIPIENTS RECEIVE WRITTEN INSTRUCTIONS ON USE OF GRANT FUNDS, FISCAL RESPONSIBILITY, LIABILITY, PUBLICITY AS WELL AS GRANT ACKNOWLEDGEMENT GUIDELINES. ADVISORS TO DONOR ADVISED FUNDS RECEIVE WRITTEN GUIDELINES FOR ALLOWABLE GRANT RECOMMENDATIONS, RESTRICTIONS, AND THE PROHIBITION OF PERSONAL INUREMENT. ADVISORS AGREE THAT NO GRANT RECOMMENDED FULFILLS A PERSONAL PLEDGE OR PROVIDES BENEFIT TO THE ADVISOR OR ADVISOR'S FAMILY.

MOST GRANTS ARE FOR GENERAL SUPPORT OF AN ORGANIZATION BUT RESTRICTED

PURPOSE GRANTS ARE APPROVED AS WELL. THE ORGANIZATION IS NOTIFIED AND

REMINDED OF THE RESPONSIBILITIES OF ACCEPTING THE RESTRICTED GRANT. IF

WARRANTED, A MORE FORMAL GRANT AGREEMENT IS DRAWN UP TO SPECIFY

EXPECTATIONS AND RESPONSIBILITES.

RECIPIENTS OF GRANTS FROM DESIGNATED FUNDS ARE REQUIRED TO REPORT ANNUALLY
ON USE OF GRANT FUNDS. LACK OF REPORTING JEOPARDIZES SUBSEQUENT GRANTS FROM
THE FOUNDATION. IDENTIFICATION OF NONCOMPLIANCE WITH SPECIFIED USE OF FUNDS
WILL RESULT IN REQUEST FOR RETURN OF GRANTS DISTRIBUTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BARNES-JEWISH HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CANCER FRONTIER FUND, 2016 GIVE STL

DAY NET GRANT, THE FOX FAMILY PANCREATIC CANCER RESEARCH FUND,

ILLUMINATION GALA SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL REFORM CONGREGATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CRC'S RABBI SUSAN TALVE FUND, IN

Schedule i (Form 990)

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY IN ST. LOUIS

Schedule I (Form 990)

Schedule I (Form 990) ST. LOUIS COMMUNITY FOUNDATION Part IV Supplemental Information	43-6023126 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT	ORT FOR THE LAW
SCHOOL, ELIOT SOCIETY SUPPORT FOR THE OLIN SCHOOL, THE EN	DOWMENT
FUND, SUPPORT FOR THE HILLMAN HALL, DANFORTH CIRCLE CHANCES	LLOR'S LEVEL
SUPPORT	
,	
~	
	Schedule I (Form 990)
	Concadio I (I on in boo)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

LOUIS COMMUNITY FOUNDATION

43-6023126

ГС	duestions negariting compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			ı
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			ı
	First-class or charter travel Housing allowance or residence for personal use		- 1	ı
	Travel for companions Payments for business use of personal residence			ı
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ı
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			l
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	ļ		
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to	1		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		·X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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

ST. LOUIS COMMUNITY FOUNDATION

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis		in column (b) reported as deferred on prior Form 990
(1) DWIGHT D CANNING	ε	138,674.	22,000.	0	10,462.	8,931.	180,06	0
	€ 3	249 895	30, 128.	0 0	17,979.	O	298,002	0
(Z) AMELIA BOND PRESIDENT & CEO	€ (€	4	4	0		0.		0
BURGHOFF	ε	122,900.	10,500.	0	8,977.	10,507.	152,88	0
TOR OF GIFT PLANNING	3		0.	0	0	0		0.
	ω							
	3							
	3							
	Ξ							
	(ii)							
	(3)							
	Ē							
	ε							
	⊞							
	Ξ							:
	⊞							
	ε							
	3							
	ε					}		
	⊜							
	Ξ:							
	€ (€							
	ε							
	(II)							
	Ξ							
	(ii)		1					
	Ξ							
	III							
				,			Schedu	Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 43-6023126

Schedule M (Form 990) (2016)

	ST. LOUIS CO	MMUNIT	Y FOUNDAT	ION		43-	6023	<u> 126</u>	
Pai	t I Types of Property								
		(a) Check if applicable		(c) Noncash contri amounts report Form 990, Part VI	ted on	Method of o	determin	-	s
1	Art - Works of art								
2	Art - Historical treasures	 							
3	Art - Fractional interests								
4	Books and publications .								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		<u> </u>						
9	Securities - Publicly traded	X	5	1,536	,635.	FAIR MARKE	T VA	LUE	
10	Securities - Closely held stock	X	1	1,322	,126.	FAIR MARKE	T VA	LUE	
11	Securities - Partnership, LLC, or		_						
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -				1				
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other								
27	Other ► (
28	Other ()								
29	Number of Forms 8283 received by the organic	zation durin	g the tax year for o	ontributions					
	for which the organization completed Form 82			ı	29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, line	es 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't require	ed to be u	sed for	- [
	exempt purposes for the entire holding period	?		·			30a		X
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandar	rd contribu	itions?	31	X	ļ
32a	Does the organization hire or use third parties								
	contributions?		-				32a		X
b	If "Yes," describe in Part II							T	
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column	n (a) is che	cked,			
	describe in Part II	, ,	. , ,	-	. ,	•	1		1

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

Schedule M	(Form 990) (2016) ST.	LOUIS CO	MMUNITY	FOUNDA	TION		<u>43-6023126</u>	Page 2
Part II	Supplemental Informs reporting in Part I, columbia this part for any additional	mn (b), the numbe	the information of contribution	n required by	Part I, lines 30 per of items rece	b, 32b, and 33, erved, or a comb	and whether the organ ination of both. Also co	ization omplete
		······································						<u> </u>
								
						*		
						-		
		·			·			
					<u>.</u>			
			·					
								_
			-					
				 -		 		
							· ,- ··	
	<u>. </u>						····	
		···		_ ·				
								
								
								
						·		
						···,	_	

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Departnent of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** ST. LOUIS COMMUNITY FOUNDATION 43-6023126 FORM 990, PART VI, SECTION B, LINE 11B: DRAFT COPY OF FORM 990 WAS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION'S OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICT. THE ENTITY RELIES UPON THE ANNUAL QUESTIONNAIRES COMPLETED BY THE BOARD MEMBERS IN REGARD TO MATTERS RELATED TO ANY CONFLICTS OF INTEREST THE BOARD MAY HAVE WITH THIS ENTITY. FORM 990, PART VI, SECTION B, LINE 15: THE INDEPENDENT EXECUTIVE COMMITTEE DETERMINES SALARY OF CEO AND STAFF. DOING SO THEY REFERENCE COMPARABILITY DATA FROM THE COUNCIL ON FOUNDATIONS AND VARIOUS PEER GROUPS TO HELP DETERMINE OFFICER/KEY EMPLOYEE SALARIES. THIS PROCESS WAS LAST UNDERTAKEN IN MARCH 2016. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: **EQUITY TRANSFERS** 122,274.

FORM 990, PAGE 12, PART XII, LINE 2C

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

Schedule O (Form 990 or 990-EZ) (2016)

Name	of the organizati	on					Employer identification	Page 2
			OUIS COMMU	NITY FOUN	DATION		43-6023126	
THE	PROCESS	DID NOT	CHANGE IN	THE CURR	ENT YEAR.			
						· · · · · ·		
								
		 .						
								
								
	 							
		··		·				
	·····			· · · · · · · · · · · · · · · · · · ·				
								

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Publio Inspection 2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990

Employer identification number 43-6023126

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

LOUIS COMMUNITY FOUNDATION

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
		i					
						-	
					·		
		,				-	
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt
	(a)	(q)	(0)	(0	(e)	£	(g)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	controlled

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

57

Schedule R (Form 990) 2016

ટ

controlled entity? Yes

status (if section Public chanty

section

Legal domicile (state or foreign country)

Name, address, and EIN of related organization

501(c)(3))

×

×

INC

POUNDATION

INE 12A I

501(C)(3)

MISSOURI

ST. LOUIS

COMMUNITY

ST. LOUIS

LINE 8

501(C)(3)

IISSOURI

OUIS METROPOLITAN AREA TO ADMINISTER GIFTS OF

LIFE IN THE GREATER ST

43-1758789, 2 OAK KNOLL PARK, ST LOUIS, MO

ST, LOUIS COMMUNITY FOUNDATION, INC.

TO IMPROVE THE QUALITY OF

COMMUNITY

×

FOUNDATION INC

INE 12A I

501(C)(3)

MISSOURI

THE ST LOUIS COMMUNITY FO CARRY OUT THE PURPOSES OF

TO BENEFIT, PERFORM, AND

SETTERMENT OF ST LOUIS

REAL PROPERTY FOR THE

2 OAK KNOLL PARK, ST LOUIS, MO

20-0089613

63105

63105

_ 20-3676488

ALBERICI FOUNDATION

ST LOUIS, MO 63105

2 OAK KNOLL PARK

GREATER ST. LOUIS REAL ESTATE FOUNDATION -

43-6023126 Pa

Schedule R (Form 990) 2016 ST. LOUIS COMMUNITY FOUNDATION

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

organizations treated as a partnership during the tax year	rtnership during the ta	x year						 - -				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispropor allocati	amour 20 of 8 K-1 (Fo	(i) e V-UBI ont in box Schedule	General or F managing partner?	(j) (k) General or Percentage managing ownership partner? Yes No
						i	,					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable ar poration or trust dunn	is a Corpo g the tax	oration or Trust. Co Jear	omplete if th	ne organization	answered "Ye	s" on Form 99	10, Part IV, Im	e 34 because	it had on	e or mor	e related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	Section 512(b)(13) controlled entity?
					ĺ					_		
632162 09-06-16				58]		!	:	0)	Schedule	R (Form	Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

ž				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	In Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				ta X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)			:	1 ★
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan grantees by related organization(s)				
f Dividends from related organization(s)				*
a Sale of assets to related organization(s)				
			:	1
ין יוייין מספיס טן מספיס ווייין פומנסט טן מספיס ווייין פומנסט טן מספיס יוייין פומנסט טן מספיס יוייין פומנסט טן				1
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)				-I-
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nzation(s)		:	1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		:	1n X
o Sharing of paid employees with related organization(s)				10 X
 Reimbursement paid to related organization(s) for expenses 			•	Tp X
 Reimbursement paid by related organization(s) for expenses 				19 X
 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 				* × ×
I I	ho must complete th	ns line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved
(1)				
(2)				
(3)				
(4)				
(6)				
(9)	C L			
632163 09-08-16	و م		Schedu	Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(h) (i) (j) (k)
DisproporCode V-UBI
amount in box 20 managing ownership
of Schedule K-1 parmer?
Yes No (Form 1065) Yes No end-of-year Share of assets (f) Share of total income Predominant income partiesse (related, unrelated, excluded from tax under sections 512-514) (state or foreign Legal domicile country) Primary activity <u>a</u> Name, address, and EIN of entity

Schedule R (Form 990) 2016

Schedule F	(Form 990) 2016	ST.	LOUIS	COMMUNITY	FOUNDATION	43-6023126 Page 5
Part VII	(Form 990) 2016 Supplemental Infor	mation.				
	Provide additional inform	ation for re	enonees to	auestions on Sche	dule R. See instructions	
	1 TOVIGE AGGINGHAI IIII OTTI	addit tol 10	sponses to	questions on oche	dule 11. See instructions	
					 	
				·=		
		_				
						
		<u> </u>				<u> </u>
						· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·		
<u> </u>	- · · · · ·					
		<u> </u>				
	· · · · · · · · · · · · · · · · · · ·					
						
						