# SCANNED FEB 2 0 2018

# EXTENDED TO MARCH 15, 2018 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Form 990-PF Return of F				1-01	OMB No 1545-0052
Do not enter social security in				de public	<b>2016</b>
Internal Revenue Service Information about Form 990-PF and its	separate ii	nstructions is	at www.irs	.gov/form990pf.	Open to Public Inspection
For calendar year 2016 or tax year beginning MAY 1, 2016	5	, and en	ding	APR 30, 2017	
Name of foundation				A Employer identification	number
JOSEPH & ELSIE MCBRIDE CHARITABLE				43-1353387	
FOUNDATION , INC .  Number and street (or P O box number if mail is not delivered to street address)			Room/suite	B Telephone number	<del></del>
16091 SWINGLEY RIDGE ROAD, STE 300	ı		1 loon v suite	636-537-20	00 //
City or town, state or province, country, and ZIP or foreign postal code				C If exemption application is pe	
CHESTERFIELD, MO 63017				o ii exemption application is pe	inding, check here
	eturn of a fo	rmer public c	harity	D 1. Foreign organizations	check here
	ed return	, , , , , , , , , , , , , , , , , , ,			· <del>-</del>
Address change Name c	hange		x	<ol><li>Foreign organizations mee check here and attach cor</li></ol>	eting the 85% test, imputation
H Check type of organization: X Section 501(c)(3) exempt private four	ndation	- (f	12/	E If private foundation stat	us was terminated
Section 4947(a)(1) nonexempt charitable trust Other taxable pri	vate founda	tion	/ 1	under section 507(b)(1)(	
I Fair market value of all assets at end of year J Accounting method.	X Cash	Accri	ıal	F If the foundation is in a 6	60-month termination
(from Part II, col. (c), line 16) Other (specify)				under section 507(b)(1)(	
159 , 841 . (Part I, column (d) must be	on cash b	asıs.)		<u></u>	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))  (a) Revenue expenses per		(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		inco	1116	income	(cash basis only)
	,135.			N/A	
2 Check If the foundation is not required to attach Sch B Interest on savings and temporary					
d cash investments	,108.		1,108.		STATEMENT 1
	, 100.	•	1,100.		STATEMENT 1
5a Gross rents b Net rental income or (loss)					1
	,317.				
	, 5 = , 0		,		
Gross sales price for all assets on line 6a 144,793.  7 Capital grain net income (from Part IV, line 2)		4	5,317.		· · · · · · · · · · · · · · · · · · ·
8 Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·		
9 Income modifications	1				1
Gross sales less returns 10a and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					1
	,020.		<u>6,020.</u>		STATEMENT 2
12 Total Add lines 1 through 11 155	,580.	5.	2,445.		
13 Compensation of officers, directors, trustees, etc	0.		0.		0.
14 Other employee-salaries and wages					<del></del>
15 Pension plans, employee benefits					_
5 16a Legal fees		<del></del>			
b Accounting fees JAN 0 9 2018	1				
9 17 Interest					· · ·
18 Taxes OGDEN HT			-	· · · · · · · · · · · · · · · · · · ·	
b Accounting fees JAN 0 9 2018  c Other professional fees  17 Interest  18 Taxes  OGFEN, MT  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses  24 Total operating and administrative  expenses Add lines 13 through 23  25 Contributions outs grants paid					1
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 3 18	,162.		1,762.		16,400.
24 Total operating and administrative				1	
expenses Add lines 13 through 23	,162.		1,762.	<b>_</b>	16,400. 16,966.
25 Contributions, gritis, grants paid	,966.			ļ	16,966.
26 Total expenses and disbursements.	100		1 760		22.266
	,128.		1,762.	<del> </del>	33,366.
27 Subtract line 26 from line 12:	,452.			1	
	, 454.		0,683.	<del>                                     </del>	
b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)			0,003.	N/A	
623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instruction	ns			1 21/22	Form <b>990-PF</b> (2016)

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Tot	tal net assets or fund balances at beginning of year - Part II, column (a), line 30		
(mı	ust agree with end-of-year figure reported on prior year's return)	_1	39,378.
	ter amount from Part I, line 27a	2	120,452.
3 Oth	her increases not included in line 2 (itemize) PRIOR YEAR ADJUSTMENT	3	11.
4 Add	d lines 1, 2, and 3	4	159,841.
5 Dec	creases not included in line 2 (itemize)	5	0.
6 Tot	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	159,841.
-			5 QQQ DE (001C

39,378.

39,378.

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159,841

159,841

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

(a) List and desci	ribe the k	ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	come	(p) F	low acquired Purchase	(c) Da	ate acquired ., day, yr.)	(d) Date sold (mo , day, yr.)	
		SE FINANCIAL		ES CORP	╁	- Donation <b>D</b>	<del></del>	15/16	03/17/17	
b										
C							<b>.</b>			
<u>d</u>					<del> </del>		ļ		ļ	
<u>e</u>		0	(10		1	_	<u> </u>			
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis				) Gain or (loss plus (f) minus	(g)	
<u>a</u> 144,793.	_	· <del></del>		99,47	0.			·	45,317.	
<u>b</u>		<del></del>								
c d										
<u>-</u>						•	- <del></del>			
Complete only for assets showin	g gain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gains	(Col (h) gair	n minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (I) col. (J), If any				k), but not less than -0-) or Losses (from col (h))		
a									45,317.	
<u>b</u>										
<u>c</u>										
<u>d</u>										
_e			L		<del>-</del>					
2 Capital gain net income or (net ca	pital loss	) { If gain, also enter If (loss), enter -0			}	2			45,317.	
3 Net short-term capital gain or (los			d (6)							
If gain, also enter in Part I, line 8,		(c).						N/A		
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	come	IN/P	,	
(For optional use by domestic private		<del></del>							<del>-</del> ·	
		•	10 10(a) tax 011	not myodanont n		,				
If section 4940(d)(2) applies, leave the	nis part b	lank.								
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ar in the base pe	rıod?				Yes X No	
If "Yes," the foundation does not qual										
1 Enter the appropriate amount in (	each colu	· · · · · · · · · · · · · · · · · · ·	istructions bet	ore making any e					(4)	
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dis		Net value of ne	(c) onchar	itable-use ass		Dıstrı (col. (b) dı	(d) subtion ratio vided by col. (c))	
2015			9,256.	42,861.					.682579	
2014	-		7,508. 8,551.	37,794.					.727840 1.303699	
2013			4,631.	21,900. 25,767.					1.344006	
	2012 29,487. 23,767.							.885921		
			_ , , • )			2012		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Total of line 1, column (d)								2	4.944045	
3 Average distribution ratio for the	5-year ba	se period - divide the total (	on line 2 by 5,	or by the number	r of yea	ars				
the foundation has been in existe	nce if less	s than 5 years						3	.988809	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5							,	129,659.		
5 Multiply line 4 by line 3						5	<u> </u>	128,208.		
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						<u>.                                      </u>	507.	
7 Add lines 5 and 6							,	,	128,715.	
	- B- + +**	. time d							_	
8 Enter qualifying distributions from							<u></u>	3	33,366.	
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, c	neck the box in Part VI, line	t 1b, and comp	lete that part usi	ng a 19	% tax rate.				
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JOSEPH & ELSIE MCBRIDE CHARITABLE

Form 990-l	F (2016) FOUNDATION, INC.				<u>43-1353</u>	387	Р	age 4
Part V		)(a), 49	40(b), 49	40(e), or 49	48 - see in	struc	tions	<u>)                                     </u>
1a Exem	pt operating foundations described in section 4940(d)(2), check here and er	nter "N/A"	on line 1.	j				
Date	of ruling or determination letter: (attach copy of letter if nec	cessary-se	e instructio	ns)				
<b>b</b> Dome	estic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▶</b> . aı	nd enter 1%	<b>}</b> [	1	1	.,01	4.
	rt I, line 27b							
c All ot	her domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I,	line 12, col.	(b). J				
2 Tax L	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	thers enter	-0-)		2			0.
	ines 1 and 2				3	]	L,01	
	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers ente	r -0-)	ļ	4			0.
5 Tax t	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5		L,01	<u> 4.</u>
	ts/Payments;	1 1						
	estimated tax payments and 2015 overpayment credited to 2016	6a						
	pt foreign organizations - tax withheld at source	6b		0.50				
	aid with application for extension of time to file (Form 8868)	6c		950.				
	up withholding erroneously withheld	6d						50.
	credits and payments. Add lines 6a through 6d				7			5.
	any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	acned			8			<u>5.</u>
•	due If the total of lines 5 and 8 is more than line 7, enter amount owed				9			<u> </u>
	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			ا ماماما	10			
11 Enter	the amount of line 10 to be: Credited to 2017 estimated tax  II-A   Statements Regarding Activities			Refunded >	11			
	the same of the sa	clation or a	did it particu	nate or intervene	ın		Yes	No
	ng the tax year, did the foundation attempt to influence any national, state, or local legis	Siation of t	aiu it parucij	Jale of litter verte	111	1a		X
	political campaign? t spend more than \$100 during the year (either directly or indirectly) for political purpo	1000 (000 II	netructions :	for the definition)	12	1b		X
	e answer is "Yes" to 1a or 1b,attach a detailed description of the activities a					"		
		ina copie	S OI ally Illi	ateriais publism	54 01			
	nbuted by the foundation in connection with the activities.  he foundation file Form 1120-POL for this year?					1c		X
	r the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear:						}
	On the foundation. > \$ 0. (2) On foundation managers			0.				
	r the reimbursement (if any) paid by the foundation during the year for political expendi	_		oundation	•			
	agers ▶\$ 0.							
	the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		X
	es," attach a detailed description of the activities.							
	the foundation made any changes, not previously reported to the IRS, in its governing i	ınstrumen	t, articles of	incorporation, o	r			
	ws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		X
4a Did	the foundation have unrelated business gross income of \$1,000 or more during the yea	ar?				4a		X
b If "Y	es," has it filed a tax return on Form 990-T for this year?				N/A	4b		<u>v</u>
5 Was	there a liquidation, termination, dissolution, or substantial contraction during the year?	?				5		<u> </u>
	es," attach the statement required by General Instruction T.							
6 Are	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:						
	language in the governing instrument, or							
● By	state legislation that effectively amends the governing instrument so that no mandator	ry directio	ns that conf	lict with the state	law		<u>-</u> -	<u> </u>
	ain in the governing instrument?					6	X	<del></del>
7 Did	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete F	Part II, col	(c), and Part XV	<b>,</b>	7		<del>                                     </del>
	r the states to which the foundation reports or with which it is registered (see instruction	ions) –						
<u>M</u> 0		Attor	operal (as d	onianata)	<del></del>			ļ
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Accorney G	ieneral (of d	esignate)		8b	X	
	ach state as required by General Instruction G? If "No," attach explanation	ootion 40	19/1\/2\ or 4	0/12/11/51 for only	ındar	OU		<u> </u>
	te foundation claiming status as a private operating foundation within the meaning of se			ייים אבלוולים) וחו השוב	inual	9 -		x <sup>_</sup> ∠
-	2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," any persons become substantial contributors during the tax year? If "Yes," attach a sched	-		l addraccan		10		X
טוט טוט	any porsono become substantia communicos during the tax year. Il res, attach a sched	sare nadny t	ion names and	,3303	F	orm <b>99</b> (	D-PF	

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# JOSEPH & ELSIE MCBRIDE CHARITABLE

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Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	_ 11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	L	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ J. & E. MCBRIDE CHAR. FOUND. Telephone no. ▶ 636-53	7-2	000	
	Located at ▶ 16091 SWINGLEY RIDGE RD, STE 300, CHESTERFIELD, M ZIP+4 ▶63	017		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the	i		
	foreign country >			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			-
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		i	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"		ļ	
	if the foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days.)			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	-		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			X
•	before the first day of the tax year beginning in 2016?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	<b>,</b>	<b>!</b>
	defined in section 4942(j)(3) or 4942(j)(5)):  At the and of tax year 2016, did the foundation have any undertributed upcome (lines 6d and 6s. Part XIII) for tax year(s) beginning		ł	
ä	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?  Yes X No			
	The state of the s	1	Ì	
	If "Yes," list the years \( \bigs \)			
٠	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	l		
	statement - see instructions.)  N/A	2b		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- <u></u> -		
٠	•	1		
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			ĺ
•	during the year?	1		;
t	of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	-		
	Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	3b	]	L '
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u> </u>
	FC	rm <b>99</b>	0-PF	(2016)

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Form 990-PF (2016)

Total number of other employees paid over \$50,000

### JOSEPH & ELSIE MCBRIDE CHARITABLE

Form 990-PF (2016) FOUNDATION, INC.		353387 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	_
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u></u>	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		<del></del>
2		<u> </u>
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
2		<u> </u>
All other program-related investments See instructions.		
3		
Table Addition 1 through 0		0.
Total. Add lines 1 through 3	<b>&gt;</b>	Form <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	96,724.
ь	Average of monthly cash balances	1b	96,724. 34,910.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	131,634.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3_	131,634.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,975.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	129,659.
6	Minimum investment return. Enter 5% of line 5	6_	6,483.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here ▶ ☐ and do not complete this part.)	id certa	ın
1	Minimum investment return from Part X, line 6	1	6,483.
2a			
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,014.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,014. 5,469.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,469.
6	Deduction from distributable amount (see instructions)	6_	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,469.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		22.25
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,366.
b	Program-related investments - total from Part IX-B	1b_	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	y (r ) /	3a	
b		3b_	22.766
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	33,366.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
	Income. Enter 1% of Part I, line 27b	5	0. 33,366.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6_	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	uannes	TOT THE SECTION

Form **990-PF** (2016)

JOSEPH & ELSIE MCBRIDE CHARITABLE FOUNDATION, INC.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		5,469.
line 7				5,403.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 28,004.	Ì			
b From 2012 33, 495.				
c From 2013 27, 902.				
d From 2014 26,003.				
e From 2015 27, 289.			·	
f Total of lines 3a through e	142,693.			
4 Qualifying distributions for 2016 from	140,000.			
Part XII, line 4: ► \$ 33,366.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				5,469.
e Remaining amount distributed out of corpus	27,897.			3,403.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.1			O Company
6 Enter the net total of each column as indicated below:				2.5
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	170,590.			
b Prior years' undistributed income. Subtract				 
line 4b from line 2b		0.		1
c Enter the amount of prior years'				į
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable			]	
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.	<del></del> -	_	
8 Excess distributions carryover from 2011	00 004			
not applied on line 5 or line 7	28,004.			
9 Excess distributions carryover to 2017.	140 500			
Subtract lines 7 and 8 from line 6a	142,586.	<u>,</u>		
10 Analysis of line 9:			1	
a Excess from 2012 33, 495.				
b Excess from 2013 27, 902.				
c Excess from 2014 26,003.				
d Excess from 2015 27, 289.				
e Excess from 2016 27,897.		<u> </u>	<u> </u>	<u> </u>

623581 11-23-16

Form **990-PF** (2016)

Form 990-PF (2016)

FOUNDATION, INC.

43-1353387

Page 11

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year NONE HOUSING DONATIONS N/A FOUNDATION PAYS MONTHLY HOUSING RENTAL ST LOUIS, MO FOR VARIOUS INDIGENT FAMILIES IN THE ST. LOUIS AREA. 1,947. ORGANIZATIONS TO HELP THE POOR AND NONE N/A FOUNDATION SUPPORTS INDIGENT VARIOUS ORGANIZATIONS THAT HELP THE POOR AND ST LOUIS, MO INDIGENT WITH EVERYDAY LIVING EXPENSES. 11,359. UTILITY COMPANIES (AMEREN, LACLEDE NONE FOUNDATION PAYS N/A GAS, ETC) MONTHLY UTILITY BILLS ON BEHALF OF INDIGENT FAMILIES IN THE ST. ST LOUIS, MO LOUIS AREA. 3,660. **▶** 3a 16,966. Total b Approved for future payment NONE **▶** 3b Total

623611 11-23-16 \*\* SEE PURPOSE OF GRANT CONTINUATIONS

Form 990-PF (2016)

JOSEPH & ELSIE MCBRIDE CHARITABLE
FOUNDATION, INC. 43-1353387

Part XV | Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ORGANIZATIONS TO HELP THE POOR AND INDIGENT

FOUNDATION SUPPORTS VARIOUS ORGANIZATIONS THAT HELP THE POOR AND

INDIGENT WITH EVERYDAY LIVING EXPENSES. FOUNDATION ALSO PAYS BILLS AND

LIVING EXPENSES DIRECTLY FOR FAMILIES IN NEED.

523655	04-01-16

California survival revenue:	nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
Program service revenue:  a	tor gross uniounts unioss otherwise indicates.	(a) Business				Related or exemp
g Fees and contracts from government agencies  Membership dues and assessments Interest on savings and temporary cash investments  Net rental income or (loss) from real estate:  a Debt-financed property b Not debt-financed property b Not debt-financed property b Not rental income or (loss) from personal property Other investment income and or (loss) from sales of assets other than inventory Net mome or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue:  a b b C C C C C C C C C C C C C C C C C	Program service revenue:		Amount	code	Amount	Tunction income
Fees and contracts from government agencies  Membership dues and assessments Investments Investments Investments Investments Investments Investments Investments Investments Investment income or (loss) from real estate: Investment income or (loss) from personal or or operty Inter investment income Inter investment inc	<u> </u>	_				
de g Fees and contracts from government agencies  Membership dues and assessments Interest on savings and temporary cash investments  Dividends and interest from securities  Net rental income or (loss) from real estate; a Debt-financed property b Not debt-inanced property b Not debt-inanced property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from sales of inventory Other revenue: a b C C C C C C C C C C C C C C C C C C	b	_				
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Dividends and interest from securities  Dividends and interest from securities  Net rental income or (loss) from real estate:  a Debt-financed property  Net rental income or (loss) from personal property  Net rental income or (loss) from personal property  Other investment income  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue:  a b c c d d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total is a subtotal in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	Membership dues and assessments			$\perp$		
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a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)  Total. Add line 13 instructions to verify calculations.)  Tert XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity or (which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	Dividends and interest from securities			14	1,108.	
b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  The No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foreign property.	Net rental income or (loss) from real estate:					
Net rental income or (loss) from personal property  Other investment income  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Total of the income of (loss) from personal property  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity or which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	a Debt-financed property			-		
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Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events Gross profit or (loss) from sales of inventory  Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foreign purposes	property					
than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	Other investment income			01	6,020.	
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Other revenue:  a b c d e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	Net income or (loss) from special events					
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ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	c d e Subtotal. Add columns (b), (d), and (e)	_	(	).		52,4
ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		(	).		52,4
the foundational assessed assessed (athor than by projuding funds for such purposes)	c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations	.)			13	52,4
the foundation's exempt purposes (other than by providing funds for such purposes).	c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activities	s to the Acco	mplishment of I	Exempt P	13 urposes	
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623621 11-23-16

43-1353387 FOUNDATION, INC. Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash X 1a(2) (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle Sign return with the preparer shown below (see instr.)? Here X Yes Title Signature of officer or trustee Date Check if Print/Type preparer's name Preparer's signature Date self- employed Paid 11-22-17 P00970717 SHAWN C. BECKER

Form **990-PF** (2016)

(314) 290-3300

Firm's EIN ► 43-0765316

Preparer

**Use Only** 

Phone no.

Firm's name ► RUBINBROWN LLP

Firm's address ▶ ONE NORTH BRENTWOOD

SAINT LOUIS, MO 63105

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

JOSEPH & ELSIE MCBRIDE CHARITABLE FOUNDATION, INC.

Employer identification number

43-1353387

Organization type (check one).							
Filers of:		Section:					
Form 990	or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	)-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: On	ily a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the close of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III					
	year, contributions is checked, enter he purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively except, contributions totaling \$5,000 or more during the year.					
but it mu	ist answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

JOSEPH & ELSIE MCBRIDE CHARITABLE

Employer identification number

ATION, INC.	43	-1353387
Contributors (See instructions) Use duplicate copies of Part I if addition	nal space is needed	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
VARIOUS OTHER CONTRIBUTORS < \$5,000  16091 SWINGLEY RIDGE ROAD, STE 300  CHESTERFIELD, MO 63017	\$\$.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
MCBRIDE & SON EMPLOYEES  16091 SWINGLEY RIDGE ROAD, STE 300  CHESTERFIELD, MO 63107	99,476.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- _ \$	Person Payroll Complete Part II for noncash contributions )
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_ _ \$	Person Payroll Complete Part II for noncash contributions )
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$	Person Payroll Payroll Noncash Complete Part II for noncash contributions )
	(b) Name, address, and ZIP + 4  VARIOUS OTHER CONTRIBUTORS < \$5,000  16091 SWINGLEY RIDGE ROAD, STE 300  CHESTERFIELD, MO 63017  (b) Name, address, and ZIP + 4  MCBRIDE & SON EMPLOYEES  16091 SWINGLEY RIDGE ROAD, STE 300  CHESTERFIELD, MO 63107  (b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed   (b)   (c)   Total contributions   VARIOUS OTHER CONTRIBUTORS < \$5,000     16091 SWINGLEY RIDGE ROAD, STE 300   CESTERFIELD, MO 63017   (c)   Total contributions   Name, address, and ZIP + 4   (c)   Total contributions   MCBRIDE & SON EMPLOYEES     16091 SWINGLEY RIDGE ROAD, STE 300   \$ 99,476.     CHESTERFIELD, MO 63107   (c)   Total contributions   (b)   (c)   Total contributions     S

Name of organization

Employer identification number

JOSEPH & ELSIE MCBRIDE CHARITABLE

43-1353387

	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	3,586 SHS ENTERPRISE FINANCIAL SERVICES CORP		
		\$\$99,476.	07/15/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a)	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

FORM 990-PF	DIVIDENDS	S AND INTER	REST FROM SEC	CURITIES S	STATEMENT 1
SOURCE  DIVIDEND INCOME  TO PART I, LINE 4	GROSS AMOUNT 1,108	_	REVENU	08. 1,108.	NET INCOME
FORM 990-PF		OTHER I	NCOME		STATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CALENDAR SALES CALENDAR SPONSORS TOTAL TO FORM 990-PF	r, PART I,	LINE 11	1,520 4,500 6,020	4,500.	
FORM 990-PF		OTHER E	EXPENSES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(D) CHARITABLE PURPOSES
OFFICE EXPENSES RENT-STORAGE BANK CHARGES VEHICLE EXPENSES TAXES & LICENSES CALENDAR EXPENSE CALENDAR PRIZES UBS INVESTMENT BROKER FEES		1,903. 775. 217. 8,854. 235. 2,546. 1,870. 1,762.	, (	0. 0. 0. 0. 0. 0.	1,903. 775. 217. 8,854. 235. 2,546. 1,870.
TO FORM 990-PF, PG 1	L, LN 23	18,162	1,76	2.	16,400.

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	0-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 4	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
MARY HUTCHISON 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017	TE 300	PRESIDENT 0.00	0.	0.	0.	
TODD OHLEMEIER 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017		VICE PRESIDENT 0.00	0.	0.	0.	
PATRICIA KIEHL 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017		SECRETARY/DIREC 0.00	TOR 0.	0.	0.	
DENISE HIGGINS 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017		TREASURER 0.00	0.	0.	0.	
JOHN F EILERMANN, JR 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017	TE 300	BOARD MEMBER 0.00	0.	0.	0.	
MICHAEL ARRI 16091 SWINGLEY RIDGE ROAD, S CHESTERFIELD, MO 63017		BOARD MEMBER 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, P	PAGE 6,	PART VIII	0.	0.	0.	