Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

► Go to www.irs.gov/Form990PF for instructions and the latest information.

	For	calendar year 2017 or tax year beginning		, and ending	<u> </u>		
*,	Nar	me of foundation	ياله ا	, merge	A Employer Identification	number	
		HE FOUR LEAF CLOVER FOUND			37-6535092		
	Nun	nber and street (or P O box number if mail is not delivered to street a	B Telephone number				
	_1	89 AMERICAN GRAIN STREET			618-337-88	<u>77 </u>	
	-	y or town, state or province, country, and ZIP or foreign po EAHOKIA, IL 62206	estal code		C If exemption application is p	ending, check here	
		Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here	
	u .	Final return	Amended return	willow public dilatity	1. Toroign organizations	, unoun note	
		Address change	Name change	•	Foreign organizations me check here and attach co	eting the 85% test,	
	H (Check type of organization: X Section 501(c)(3) exe			E If private foundation stat		
	Ϊ		Other taxable private founda	ation	under section 507(b)(1)		
	Fa	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a		
		· 1 -	er (specify)		under section 507(b)(1)		
		\$ 19,824,913. (Part I, column	n (d) must be on cash basi	s.)	(),()		
	Pa	art Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
3		1 Contributions, gifts, grants, etc., received	3,600,000.				
To		2 Check I if the foundation is not required to attach Sch. 8		. 5	1		
T		3 Interest on savings and temporary cash investments	<u>517.</u>	517.		STATEMENT 1	
		4 Dividends and interest from securities	190,023.	190,023.	190,023.	STATEMENT 2	
		5a Gross rents					
		b Net rental income or (loss)		13.	1 23 400	1 # 12	
	ē	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<u>-29,344.</u>				
	Ē	D assets on line 6a					
	Revenue	7 Capital gain net income (from Part IV, line 2)		0.	37 / 3	-	
	_	8 Net short-term capital gain	• •	· \	N/A	1,	
		9 Income modifications Gross sales less returns					
		10a and allowances b Less Cost of goods sold	t t				
		c Gross profit or (loss)	···	,		,	
		11 Other income	-34,976.	-34,976.	-34,976.	STATEMENT 3	
		12 Total. Add lines 1 through 11	3,726,220.	155,564.	155,564.		
		13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.	
		14 Other employee salaries and wages	DECEN				
	40	15 Pension plans, employee benefits	TALUEIV	ED		·	
	Expenses	16a Legal fees	0	208			
	per	b Accounting fees	= NOV 0 2	2018			
	ŭ	c Other professional fees	<u> </u>	NS NS			
ഗ	and Administrative	17 Interest	I OGDĘN,	UT			
Q	stra	18 Taxes STMT 4	y-4.8	0.	948.	<u>, , , , , , , , , , , , , , , , , , , </u>	
ź	inis	19 Depreciation and depletion		·	_	14, 1	
Z	ų d	20 Occupancy 21 Travel, conferences, and meetings					
SCANNED	9	22 Printing and publications		 I			
	g	23 Other expenses STMT 5	182,443.	182,265.	182,443.	0.	
DEC	Operating	24 Total operating and administrative	102,110	102,203	20272101		
	Ser.	expenses. Add lines 13 through 23	183,391.	182,265.	183,391.	0.	
04	ō	25 Contributions, gifts, grants paid	223,600.			223,600.	
		26 Total expenses and disbursements.		<u>_</u>			
2018		Add lines 24 and 25	406,991.	182,265.	183,391.	223,600.	
		27 Subtract line 26 from line 12;		· ·-		,	
		a Excess of revenue over expenses and disbursements	3,319,229.		ļ <u>. </u>	<u> </u>	
		b Net investment income (if negative, enter -0-)		0.			
		C Adjusted net income (if negative, enter -0-)	<u>,, </u>	<u></u> -	0.		

For	rm 99	00-RF (2017) THE FOUR LEAF CLOVER 1		37-	6535092 Page 2
p	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
	uit	column should be for end-of-year amounts only	(a) Book value	(b) Book Value	· (c) Fair Market Value
	1	Cash - non-interest-bearing	2,897.	12,643.	12,643.
	2	Savings and temporary cash investments	11,831,261.	4,033,794.	4,033,794.
	3	Accounts receivable	its'-		3
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable	97	•3;	e that Tay
	1	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	1.f	<i>₹</i>	1, ,
		Less: allowance for doubtful accounts		ш - л - айн •	
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		1,480.	1,480.
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		 -	
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	4,142,033.	15,776,996.	15,776,996.
	14	Land, buildings, and equipment basis ▶			, ,
		Less accumulated depreciation			* • •
	15	Other assets (describe)		
	1	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	15,976,191.	19,824,913.	19,824,913.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			•
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			.'•
abi	21	Mortgages and other notes payable			•
	22	Other liabilities (describe)		, ,,
	23	Total liabilities (add lines 17 through 22)	0.	0.	•
		Foundations that follow SFAS 117, check here			* * * *
		and complete lines 24 through 26, and lines 30 and 31.			•
ces	24	Unrestricted	15,976,191.	19,824,913.	,
lan	25	Temporarily restricted .			
Ва	26	Permanently restricted			
pur	l	Foundations that do not follow SFAS 117, check here] _ [٧,
Ę		and complete lines 27 through 31.	-		1 200
S O	27	Capital stock, trust principal, or current funds			, ,
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund			(
As	29	Retained earnings, accumulated income, endowment, or other funds			Ay to Comment
Ret	30	Total net assets or fund balances	15,976,191.	19,824,913.	
_	31	Total liabilities and net assets/fund balances	15,976,191	19,824,913.	
P	art	Analysis of Changes in Net Assets or Fund	d Balances		
_					
1		net assets or fund balances at beginning of year - Part II, column (a),	line 30		
	•	st agree with end-of-year figure reported on prior year's return)		1	15,976,191.
		r amount from Part I, line 27a		2	3,319,229.
		r increases not included in line 2 (itemize) <u>UNREALIZE</u>	D GAIN	3	529,493.
		lines 1, 2, and 3		4	19,824,913.
		eases not included in line 2 (itemize)			0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part	II, column (b), line 30	6	19,824,913.
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٠.

5%

8

223,600.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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—~	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948		nstru	ctior	1S)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	145	ěv.		,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			-516-	أستفس
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🖈 🔲 and enter 1%				<u> 0.</u>
	of Part I, line 27b	'			1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				ya. S=== - !
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:	1]
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,480.	}		ءَ√تين	7
b	Exempt foreign organizations - tax withheld at source 6b 0.				4
C	Tax paid with application for extension of time to file (Form 8868) 6c 2,500.				
đ	Backup withholding erroneously withheld 6d 0.			. -	<u>.</u>
7	Total credits and payments. Add lines 6a through 6d			3,9	<u>80.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			3,9	<u>80.</u>
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 3,980 . Refunded ► 11	<u> </u>			0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u></u>	Yes	
	any political campaign?		1a		<u>X</u> _
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		<u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			.	
	distributed by the foundation in connection with the activities.		-	143-	
	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u> _
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		[.]	.]	
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$		ľ	. [
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u> _
_	If "Yes," attach a detailed description of the activities.				· · ·
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-	ĺ	3 2
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "You" has it filed a tay return on Form 000 T for this year?	(/ %	4a	-+	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	/A	4b_	-	<u>x</u>
Ð	If "Yes," attach the statement required by General Instruction T		-		<u>_v</u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		<u></u>	.	
Ū	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		,		
	remain in the governing instrument?			х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
'	on the foundation have at least \$5,000 in assets at any time during the year? If Tes, complete Farth, col. (v), and Farthy		3, 1.		
Q a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
υa	IL				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1	7
U	of each state as required by General Instruction G? If "No," attach explanation		 8b	$\tilde{\mathbf{x}}^-$	-
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		, OD	-A	
3	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9	-	X
10	Did any persons become substantial contributors during the tay year?		10		v

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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3ь

4a

__ Yes X No

N/A

during the year?

orm 990-PF (2017) THE FOUR LEAF CLOVER FOU Part VII-B Statements Regarding Activities for Which I			<u>37-65350</u>	92	Page 6
5a During the year, did the foundation pay or incur any amount to:	Omi 4720 May Be i	tequired (continu	1	Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	☐ Ye	s X No	,	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			'. #}	٠ ين د
any voter registration drive?	* •		s X No		1/2
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		.:
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		(.	. :	x
4945(d)(4)(A)? See instructions	or advantional avenues or f	= -	s X No		4.
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	, or educational purposes, or i		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i		3 (22) 110	,	
section 53.4945 or in a current notice regarding disaster assistance? See instr	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ined			
expenditure responsibility for the grant?	N	[/A 🛄 Ye	es No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		च्चिम		
a personal benefit contract?	account honofit accetoot?	Y6	es X No	6b	,, X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	bersonar benefit contract?		-	00	 ^
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		١,
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, and foundation managers and t	their compensation.			_	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans		xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		nt, other vances
DAVID JUMP	TRUSTEE				
189 AMERICAN GRAIN ST.		_	_	l	_
CAHOKIA, IL 62206	1.00	0.	. 0.	ļ	0.
JANET JUMP	TRUSTEE				
L89 AMERICAN GRAIN ST. CAHOKIA, IL 62206	1.00	0.	0.		0.
AHORIA, III 02200	1.00				<u> </u>
	-				
		1		! 	
	_				
Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "		l	
	(b) Title, and average	enter NONE.	(d) Contributions to	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	xpense nt, other vances
NONE	active to position	-	vomponsauon		
	1				

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

Part VIII Information About Officers, Directors, Trustees, Foundation		535092 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
1 N/A		
2		
		
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 or	i lines 1 and 2.	Amoùnt
1 N/A		
2		
<u> </u>	_	•
All other program-related investments. See instructions.		,
3		
		
_	· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1 through 3	-	0.
Total Add lines tillough o		

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	15,170,758.
b	Average of monthly cash balances	1b	1,049,157.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	16,219,915.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0 •	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	16,219,915.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	243,299.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,976,616.
6	Minimum investment return. Enter 5% of line 5	6	798,831.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	798,831.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	798,831.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	798,831.
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	798,831.
P	art XII Qualifying Distributions (see instructions)	,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	223,600.
b	Program-related investments - total from Part IX-B	1b	
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	Sultability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	223,600.
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.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	223,600.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies f	or the section

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Part XIII Undistributed Income (s	see instructions)	•	• •	
	(a)	(b)	(c)	(d)
	* Corpus	Years prior to 2016	2016	2017
 Distributable amount for 2017 from Part XI, line 7 	÷	Å:	پشر	798,831.
2 Undistributed income, if any, as of the end of 2017	, , , , , , , , , , , , , , , , , , ,	4	- 7	* '` *
a Enter amount for 2016 only	- ÷	٠,5	219,857.	
b Total for prior years:	•		*	
		0.		.,+
3 Excess distributions carryover, if any, to 2017:	4	₹;	€5	€ ⁻
a From 2012				•
b From 2013	-			
c From 2014 d From 2015				
e From 2016	{			
f Total of lines 3a through e	o.	v	ا ب	, •
4 Qualifying distributions for 2017 from	- 0.		<u> </u>	
Part XII, line 4: ►\$ 223,600.				
a Applied to 2016, but not more than line 2a	Ι. Ι		219,857.	•
b Applied to undistributed income of prior			22370370	·
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		1	,	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				3,743.
e Remaining amount distributed out of corpus	0.	14.5	١ ٧٩٠	
5 Excess distributions carryover applied to 2017	0.		, , , , , , , , , , , , , , , , , , , ,	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				•
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	<u> </u>	•	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		<u> </u>		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line		•		ī
4a from line 2a. Taxable amount - see instr.	,		0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	ı	į.	ı	705 000
be distributed in 2018			1,	795,088
7 Amounts treated as distributions out of] '	• • • •
corpus to satisfy requirements imposed by		,		
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.	•		*
8 Excess distributions carryover from 2012			•.	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.		<u> </u>	•	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:			 	
a Excess from 2013				
b Excess from 2014	1			
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	l	•-	1 '	1

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1 a If the foundation has received a ruling or			7, question <i>a)</i>	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found	• 2		n control	4942(j)(3) or 4	942())(5)
2 a Enter the lesser of the adjusted net	Tax year	ig touridation described i	Prior 3 years	4342())(3) UI4	1 /
,	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(4) 2017	(8) 2010	(0) 2015	(0) 2014	(0) 10(a)
investment return from Part X for					1
each year listed		<u> </u>	<u> </u>		
b 85% of line 2a			<u> </u>		 -
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not				/	
used directly for active conduct of			İ		
exempt activities			/	/	
e Qualifying distributions made directly			 		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:			/	`	
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	/	1			
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	-17				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundat	ion had \$5,000 or m	ore in assets
at any time during the	ne year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:	·			
a List any managers of the foundation who	have contributed more	than 2% of the total cont	ributions received by	the foundation before the clo	se of any tax
year (but only if they have contributed m			•		·
NONE					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	(or an equally large p	ortion of the ownership of a p	partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribution					
Check here ▶ 🗶 if the foundation of	nly makes contributions	to preselected charitable	organizations and do	es not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ions, complete items	2a, b, c, and d	
a The name, address, and telephone numb	er or email address of th	ne person to whom applic	cations should be add	dressed:	
b The form in which applications should be	e submitted and informa	tion and materials they sl	nould include:	, ,	
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kınds of institutions	, or other factors:	

17

37-6535092 Form 990-PF (2017) Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment . 2 If recipient is an individual, Recipient 👟 Foundation Purpose of grant or show any relationship to Amount1 status of contribution = سوادياء. any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CASA DE SALUD NONE EXEMPT 3200 CHOUTEAU AVE 40,000. ST. LOUIS MO 63103 NONE CENTRAL PRESBYTERIAN CHURCH EXEMPT 7700 DAVIS DRIVE CLAYTON, MO 63105 20,000. CITY ACADEMY NONE EXEMPT 4175 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63115 10,000. CITY GARDEN MONTESSORI SCHOOL NONE EXEMPT 1618 TOWER GROVE AVENUE 20,000. ST. LOUIS, MO 63110 COLLEGE BOUND NONE EXEMPT 110 N JEFFERSON AVE 10 000 ST. LOUIS MO 63103 SEE CONTINUATION SHEET(S) **▶** 3a Total_ 223 600 **b** Approved for future payment NONE

Total

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) * Amount	Exclu- sion code	(d)	Related or exempt function income
a b					
d					
g Fees and contracts from government agencies			 		
Membership dues and assessments			 	-	
Interest on savings and temporary cash investments			14	517.	
Dividends and interest from securities			14	517. 190,023.	 -
Net rental income or (loss) from real estate:		**		1,511	1 46
a Debt-financed property					
b Not debt-financed property		<u> </u>	ļ		
Net rental income or (loss) from personal property					
Other investment income	523000	-29,100.	14	-5,876.	
Gain or (loss) from sales of assets other than inventory			18	-29,344.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		_ 	ļ		
Other revenue:					
b					
d	-		 		
e				4.55	
Subtotal. Add columns (b), (d), and (e)	•	-29,100.	<u> </u>	155,320.	0 126,220
Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations.)				13	120,220
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	empt Pu	ırposes	
ine No. Explain below how each activity for which inc the foundation's exempt purposes (other that			contributed	importantly to the accomp	lishment of
,					

Line 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 foundation's exempt purposes (other than by providing funds for such purposes).						
_							

7) THE FOUR LEAF CLOVER FOUNDATION 37-6535092 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Form 990-PF (2017) Part XVII Ir **Exempt Organizations**

1		organization directly or indir			_		tion 501(c)	-4,	Yes	No
		than section 501(c)(3) organ							-7,€	·3:
а		ers from the reporting founda	ation to a noncharital	ble exempt or	ganization of:				<u></u>	
	(1) Ca							1a(1)		<u>X</u> _
		her assets						1a(2)		<u>X</u>
b		ransactions:								
		les of assets to a noncharital	• •					1b(1)		<u>X</u>
	• •	rchases of assets from a nor	•	rganization				1b(2)		<u> X</u>
		ntal of facilities, equipment, o						1b(3)		<u>X</u>
	. ,	imbursement arrangements						1b(4)		X
	٠,,	ans or loan guarantees						1b(5)	L	<u>X</u>
		rformance of services or me						1b(6)		X
		g of facilities, equipment, mai						1c_		<u>X</u>
ď		nswer to any of the above is							sets,	
		ices given by the reporting fo			ed less than fair market valu	ie in any transactio	n or sharing arrangement, s	;how in		
		(d) the value of the goods, o			 -	·- -				
1) L	ne no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	n of transfers, transactions, and	sharing ar	rangeme	nts
				<u> N/A</u>						
		. <u> </u>								
						·				
			_							
					· · · · · · · · · · · · · · · · · · ·	_				_
				-						_
2a	Is the f	oundation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
		on 501(c) (other than section			, ,			Yes	X] No
b		complete the following sche								
		(a) Name of org			(b) Type of organization		(c) Description of relations	hip		
		N/A								
-						-				
						-				
		der penalties of perjuly, I declare t						u the IDC	diagnia d	hio
Sig	n and	d belief, it is true, correct, and con	nplete Declaration of pre	eparer (other tha	n taxpayer) is based on all inform	nation of which prepare	reti	y the IRS	e prepar	er
He		XX Bul	Ulms		1/0/24/18	180.		own below X Yes		์ No
	S	ignature of officer or trustee	Joing)		Date	Title	<u> </u>	<u> </u>		110
_		Print/Type preparer's pa	ime /	Preparer's s	ignature	Date	Check If PTIN			
							self- employed			
Pa	id	CORY GALLI	אמים אמע	C 1	11/100	10/11/18	, ,	0172	80 <i>c</i>	
	.a epare			T.F		<u> T </u>	Firm's EIN ▶ 37-1			
	e Onl		Schiffl Bayle	ПÜ			LIIII SEIN > 31-T	400 0	30	
_,	J J 111	Firm's address ▶ 32	2 Company			 	 			
					125		/(10)	4.00	4 ^	0.0
		AL	TON, IL 6	<u> 2002-6</u>	135		Phone no. (618)			
							F	orm 99 6	U-PF	(2017)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

695.

THE FOUR LEAF CLOVER FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient ** If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) 5. or substantial contributor recipient FORSYTH SCHOOL NONE EXEMPT 6235 WYDOWN BOULEVARD ST. LOUIS MO 63105 1,000. 7 HAWTHORNE LEADERSHIP SCHOOL FOR GIRLS NONE EXEMPT P.O. BOX 50059 ST. LOUIS MO 63105 11,400. JOHN BURROUGHS SCHOOL NONE EXEMPT 755 SOUTH PRICE ROAD ST, LOUIS MO 63124 2,000. KEYS AREA INTERDENOMINATIONAL NONE EXEMPT RESOURCES 3010 OVERSEAS HWY MARATHON, FL 33050 20,000. MICA PROJECT NONE EXEMPT 9300 OLIVE BLVD ST. LOUIS MO 63132 60,000, WBUR NONE EXEMPT 890 COMMONWEALTH AVE BOSTON MA 02215 2,000. ARCHCITY DEFENDERS NONE EXEMPT 440 N 4TH ST ST. LOUIS, MO 63102 2,800. BEYOND HOUSING NONE EXEMPT 6810 PAGE AVE 2,800. ST. LOUIS MO 63133 THE LITTLE BIT FOUNDATION NONE EXEMPT 516 HANLEY INDUSTRIAL CT BRENTWOOD, MO 63144 3,000, DREAM BUILDERS 4 EQUITY NONE EXEMPT 1200 MARKET ST LOUIS MO 63103 2,800. Total from continuation sheets 123 600

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Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount 🍇 any foundation manager Name and address (home or business) or substantial contributor ARCH GRANTS NONE EXEMPT 911 WASHINGTON AVE #140 3,000. ST. LOUIS MO 63101 ξ, EXEMPT SLPS FOUNDATION NONE 801 N 11TH ST, THIRD FLOOR 2,800. ST. LOUIS, MO 63101 NONE AIM HIGH EXEMPT 755 SOUTH PRICE ROAD ST. LOUIS MO 63124 10,000. Total from continuation sheets

TO PART I, LINE 4

EODY 000 DE TYMEDEC	m ON CANTAG	NO AND MENDOD	ADV. OAGU. TN	WE CONVENIES O	ma mpagam 1
		SS AND TEMPOR	ARY CASH IN		TATEMENT ~1
.pr /	16		_ 5	** (D) **	# <u>.</u>
	•	(A) REVENUE		(B) VESTMENT	(C) ADJUSTED
SOURCE		PER BOOK			NET INCOME
COMMERCE BANK		5	17.	517.	517.
TOTAL TO PART I, LIN	Е 3	5	17.	517.	517.
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
CARLYLE STRUCTURED					· · · · · · · · · · · · · · · · · · ·
CREDIT FUND	9,185.	0.	9,185.	9,185.	9,185.
HAWTHORN	377.	0.	377.	377.	377.
KKR HEALTH CARE					
STRATEGIC GROWTH		•		4.50	
FUND (SAIL)	159.	0.	159.	159.	159.
MORGAN STANLEY MORGAN STANLEY	220,342.	0.	220,342.	220,342.	220,342.
ACCRUED INT PAID	-72,749.	0.	-72,749.	-72,749.	-72,749.
MORGAN STANLEY	, 2 , , 2 3 •	•	12,1450	72,713	, , , , , , , ,
ACCRUED MARKET					
DISCOUNT	427.	0.	427.	427.	427.
NORTH HAVEN INFRA					
PARTNERS	20,420.	0.	20,420.	20,420.	20,420.
NORTH HAVEN TV	600	0	600	600	600
FEEDER FUND PIMCO BRAVO FUND	688.	0.	. 688	688.	688.
II OFFSHORE FEEDER	10,816.	0.	10,816.	10,816.	10,816.
PIMCO BRAVO FUND	10,010.	•	10,010.	10,010.	10,010.
II SPECIAL ONSHORE					
FEEDER, LP	358.	0.	358.	358.	358.

0.

190,023.

190,023.

190,023. 190,023.

FORM 990-PF	OTHER	INCOME "	~ S	TATEMENT 3
ke kit		i i	- A	\$2.
بر ا	w _g s.	(A) REVENUE	(B) NET INVEST-	(C) ADJUSTED
DESCRIPTION		PER BOOKS	MENT INCOME	NET INCOME
PIMCO BRAVO FUND II OFFSHORE A IV, LP		101.	101.	101.
PIMCO BRAVO FUND II SPECIAL (FEEDER, LP) NORTH HAVEN TV FEEDER FUND	ONSHORE	-5,981.	4. -5,981.	4. -5,981.
KKR HEALTH CARE STRATEGIC GROWTH FUND (SAIL)		-29,100.	-29,100.	-29,100.
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	-34,976.	-34,976.	-34,976.
FORM 990-PF	T.F	AXES		TATEMENT 4
				
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE · PURPOSES
EXCISE TAX	948	3. 0	. 948.	0.
TO FORM 990-PF, PG 1, LN 18	948	0	948.	0.
FORM 990-PF	OTHER	EXPENSES	, s	TATEMENT 5
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
IL ANNUAL REPORT FEE BANK SERVICE CHARGES INVESTMENT FEES INVESTMENT PLACEMENT FEES OTHER DEDUCTIONS - PIMCO	130 48 36,285 35,000	0. 0 3. 0 5. 36,285	. 130. . 48. . 36,285.	0.
BRAVO FUND II OFFSHORE FEEDER OTHER DEDUCTIONS - PIMCO	2,937	7. 2,937	. 2,937.	0.
BRAVO FUND II SPECIAL ONSHORE FEEDER, LP OTHER DEDUCTIONS - NORTH HAVEN INFRASTRUCTURE	2,186	2,186	. 2,186.	0.
PARTNERS II OTHER DEDUCTIONS - NORTH	10,488	10,488	. 10,488.	0.
HAVEN TACTICAL VALUE FUND	7,742	2. 7,742	7,742.	0.

THE FOUR LEAF CLOVER FOUNDA	TION	# F	,	h- ,	; 37-6535092
OTHER DEDUCTIONS - NORTH HAVEN TV FEEDER FUND OTHER DEDUCTIONS - CARLYLE STRUCTURED CREDIT FUND OTHER DEDUCTIONS - KKR	~28,075. 1,810.	28,0 * _, 1,8	075. 810. ` <i>*</i>	28,075. 1,810.	. 0 مربر 0 م
HEALTH CARE STRATEGIC GROWTH FUND (SAIL) OTHER DEDUCTIONS - KKR	1,621.	1,0	621.	1,621.	. 0.
HEALTH CARE STRATEGIC GROWTH FUND	56,121.	56,3	121.	56,121.	0.
TO FORM 990-PF, PG 1, LN 23	182,443.	182,2	265.	182,443.	0.
FORM 990-PF	OTHER INV	ESTMENTS		S	TATEMENT 6
DESCRIPTION		LUATION ETHOD	BOOK V		AIR MARKET VALUE
BRAVO FUND BX'TAC OPPS I NORTH HAVEN INFRA	(COST	62 43	37,537. 28,559. 39,531.	987,537. 628,559. 439,531.

COST COST

COST

COST

COST

COST

11,944,522.

.,521,490.

481,758.

558,902.

101,738.

112,959.

15,776,996.

FIXED INCOME

HUTCHIN HILL

BALYASNY

NH TACTICAL VALUE FEEDER

KKR HEALTH CARE SG FUND

CARLYLE STRUCTURED CREDIT

TOTAL TO FORM 990-PF, PART II, LINE 13

481,758.

558,902.

101,738.

112,959.

15,776,996.

11,944,522.

521,490.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization .

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

أبرر

Employer identification number

	THE FOUR LEAF CLOVER FOUNDATION	37-6535092
Organization type (chec	ck 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	
General Rule X For an organiza	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec stron filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contri	otaling \$5,000 or more (in money or
For an organiza sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 outor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1 Complete Parts I and II	3, 16a, or 16b, and that received from
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III	· · · · · · · · · · · · · · · · · · ·
year, contributi is checked, ent purpose Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box ligious, charitable, etc ,
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul	e 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) (2017)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization

72 .

Employer identification number

THE FOUR LEAF CLOVER FOUNDATION

37-6535092

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	Intional space is needed.	S.A.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN MILLING LP 189 AMERICAN GRAIN ST CAHOKIA, IL 62206	\$ 3,600,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$·	Person Payroll Payroll Complete Part II for noncash contributions)
(a) ′ No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(þ) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

42

Name of organization

Employer identification number

THE FOUR LEAF CLOVER FOUNDATION

37-6535092

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

awe of organ	ization		Employer Identification number		
PHE FOU	JR LEAF CLOVER FOUNDAT	butions to organizations described in	37 - 6535092 section 501(c)(7), (8), or (10) that total more than \$1,000 for		
	the year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the following	a line entry. For organizations		
	Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or less Il space is needed.	s for the year (Eille) unstitutionice)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u>-</u>					
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					