

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation MONETA GROUP CHARITABLE FOUNDATION		A Employer identification number 43-1871586	
Number and street (or P O box number if mail is not delivered to street address) 100 S BRENTWOOD BLVD STE 500		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63105		B Telephone number (see instructions) (314) 726-2300	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,818,853	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

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) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	220,700			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	33,093	33,694		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	45,377			
	b Gross sales price for all assets on line 6a _____ 219,646				
	7 Capital gain net income (from Part IV, line 2)		59,831		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	299,170	93,525		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	545	545		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	182	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	727	545		0
	25 Contributions, gifts, grants paid	265,449			265,449
	26 Total expenses and disbursements. Add lines 24 and 25	266,176	545		265,449
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	32,994			
	b Net investment income (if negative, enter -0-)		92,980		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	194,022	122,648	122,648
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	5,837	0	0
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,253,505	1,363,710	1,696,205
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,453,364	1,486,358	1,818,853	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	1,453,364	1,486,358	
	30 Total net assets or fund balances (see instructions)	1,453,364	1,486,358	
31 Total liabilities and net assets/fund balances (see instructions) .	1,453,364	1,486,358		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,453,364
2 Enter amount from Part I, line 27a	2	32,994
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,486,358
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,486,358

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a FIDELITY #1871	D		
b FIDELITY #1285	D		
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 32,209		20,080	12,129
b 150,732		139,735	10,997
c 36,705			36,705
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			12,129
b			10,997
c			36,705
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	59,831
3 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) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	275,801	1,520,696	0 181365
2015	247,662	1,604,587	0 154346
2014	227,407	1,581,523	0 143790
2013	253,917	1,457,149	0 174256
2012	163,384	1,346,607	0 121330


2 Total of line 1, column (d)	2	0 775087
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 155017
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,690,662
5 Multiply line 4 by line 3	5	262,081
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	930
7 Add lines 5 and 6	7	263,011
8 Enter qualifying distributions from Part XII, line 4	8	265,449

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 See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	930
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	930
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	930
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	768
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	2,768
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	1,838
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 1,838 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • 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?	6	Yes
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	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MO		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► MONETA GROUP LLC Telephone no ► (314) 726-2300			

Located at **►** 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS MO ZIP+4 **►** 63105


15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

Part 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b			
	Organizations relying on a current notice regarding disaster assistance check here. 				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				No
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,588,013
b	Average of monthly cash balances.	1b	128,395
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,716,408
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,716,408
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	25,746
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,690,662
6	Minimum investment return. Enter 5% of line 5.	6	84,533

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	84,533
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	930
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	930
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	83,603
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	83,603
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	83,603

Part 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	265,449
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		
a	Suitability 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	265,449
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 (see instructions).	5	930
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	264,519

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				83,603
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	97,008			
b From 2013.	182,576			
c From 2014.	152,507			
d From 2015.	169,005			
e From 2016.	200,898			
f Total of lines 3a through e.	801,994			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 265,449				
a Applied to 2016, 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 2017 distributable amount.				83,603
e Remaining amount distributed out of corpus	181,846			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	983,840			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	97,008			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	886,832			
10 Analysis of line 9				
a Excess from 2013.	182,576			
b Excess from 2014.	152,507			
c Excess from 2015.	169,005			
d Excess from 2016.	200,898			
e Excess from 2017.	181,846			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
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 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)					
(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 an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) See Additional Data Table	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed CHRISTIE SCHMUKE 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105 (314) 726-2300	
b The form in which applications should be submitted and information and materials they should include THERE IS A STANDARD REQUEST FOR DISTRIBUTIONS THAT CAN BE PROVIDED UPON REQUEST	
c Any submission deadlines NONE	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NO OUTSIDE GRANT REQUESTS WILL BE SOLICITED, ONLY MONETA GROUP EMPLOYEES MAY SUBMIT REQUESTS	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	265,449
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
Enter gross amounts unless otherwise indicated				
1 Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
2 Membership dues and assessments.				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities.		14	33,093	
5 Net rental income or (loss) from real estate				
a Debt-financed property.				
b Not debt-financed property.				
6 Net rental income or (loss) from personal property				
7 Other investment income.				
8 Gain or (loss) from sales of assets other than inventory		18	45,377	
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue a _____				
b _____				
c _____				
d _____				
e _____				
12 Subtotal Add columns (b), (d), and (e).	0		78,470	0
13 Total. Add line 12, columns (b), (d), and (e).		13		78,470

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 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?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
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.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-11-14	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER M VACHA				P01251998
	Firm's name ► BROWN SMITH WALLACE LLP				Firm's EIN ► 43-1001367
	Firm's address ► 6 CITYPLACE DRIVE SUITE 900 ST LOUIS, MO 63141				Phone no (314) 983-1200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation


(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DANIEL WEST 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105	CHAIRMAN OF THE BOARD 1 44	0	0	0
MARK HEFFERNAN 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105				
GENE DIEDERICH 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105	TREASURER 1 35	0	0	0
DONALD T KUKLA 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105	TRUSTEE 0 12	0	0	0
DOUG WEBER 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105	TRUSTEE 0 23	0	0	0
CHRISTIE SCHMUKE 100 S BRENTWOOD BLVD STE 500 SAINT LOUIS, MO 63105	TRUSTEE 0 48	0	0	0
	MEMBER AT LARGE 0 23	0	0	0

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

DANIEL WEST
GENE DIEDERICH
DONALD T KUKLA

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A TOWN GET DOWN 6331 ALEXANDER DRIVE CLAYTON, MO 63105	NONE	PC	FOR THE ALEX TOWNSEND MEMORIAL FOUNDATION PROJECT A SERIES OF ART AND MUSIC EVENTS IN SAVANNAH, GA	500
AIM HIGH-ST LOUIS 755 SOUTH PRICE ROAD SAINT LOUIS, MO 63124	NONE	PC	FOR A PROGRAM FOR MOTIVATED MIDDLE SCHOOL STUDENTS FROM HIGH RISK ENVIRONMENTS	2,500
ALZHEIMER'S ASSOCIATION ST LOUIS CHAPTER 9370 OLIVE BLVD ST LOUIS, MO 63132	NONE	PC	TO SERVE FAMILIES AND INDIVIDUALS WITH ALZHEIMER'S AND DEMENTIA	2,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN MEDICAL ASSOCIATION FOUNDATION 330 N WABASH AMA PLAZA CHICAGO, IL 60611	NONE	PC	TO PROVIDE FUNDING TO SUPPORT COMMUNITY HEALTH AND MEDICAL EDUCATION	1,500
ART ST LOUIS 555 WASHINGTON AVE SUITE 150 SAINT LOUIS, MO 63101	NONE	PC	TO ENRICH LIVES THROUGH EXHIBITIONS, ED, AND SUPPORT OF REGIONAL CONTEMPORARY VISUAL ARTISTS	5,000
BOYS & GIRLS CLUBS OF GREATER ST LOUIS 2901 NORTH GRAND AVE ST LOUIS, MO 63107	NONE	PC	INSPIRE YOUTH (AGE 6-18) TO REALIZE FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS	10,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANCER SUPPORT COMMUNITY OF GREATER ST LOUIS 1058 OLD DES PERES RD ST LOUIS, MO 63131	NONE	PC	TO PROVIDE SOCIAL AND EMOTIONAL SUPPORT AND EDUCATION TO PEOPLE AFFECTED BY CANCER	5,000
CHURCH OF ST MICHAEL & ST GEORGE 6345 WYDOWN BLVD SAINT LOUIS, MO 63105	NONE	PC	FOR THE GENERAL OPERATING FUND	3,400
CHURCHILL CENTER AND SCHOOL FOR LEARNING DISABILITIES 1021 MUNICIPAL CENTER DR SAINT LOUIS, MO 63131	NONE	PC	TO PROVIDE SUPPORT & EDUCATION TO CHILDREN WITH LEARNING DISABILITIES	1,000
Total 				265,449
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER OF CREATIVE ARTS 524 TRINITY AVE ST LOUIS, MO 63130	NONE	PC	TO ENRICH LIVES AND BUILD COMMUNITY THROUGH ART EDUCATION	25,000
COMMUNITY HEALTH IN PARTNERSHIP SERVICES DBA CHIPS HEALTH & WELLNESS CENTER 2431 N GRAND BLVD SAINT LOUIS, MO 63106	NONE	PC	TO PROMOTE WELLNESS FOR THE UNINSURED AND UNDERSERVED THROUGH PREVENTATIVE AND PRIMARY HEALTH CARE	500
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	PC	TO PROVIDE RIGOROUS EDUCATION TO CULTURALLY AND ECONOMICALLY DIVERSE STUDENTS	500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONCORDANCE ACADEMY (PROJECT COPE) 1845 BORMAN COURT ST LOUIS, MO 63146	NONE	PC	RE-ENTRY SERVICES (BEHAVIORAL/HEALTH/WELLNESS, EDUCATION/EMPLOYMENT & LIFE SKILLS) AFTER A PRISON SENTENCE	5,000
CONCORDIA LUTHERAN CHURCH 505 S KIRKWOOD RD SAINT LOUIS, MO 63122	NONE	PC	FOR THE GENERAL OPERATING FUND	500
GREAT CIRCLEPO BOX 189 ST JAMES, MO 65559	NONE	PC	TO SUPPORT A COMPREHENSIVE PROVIDER OF BEHAVIORAL HEALTH SERVICES IN MISSOURI	7,500
Total ► 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN PARKINSON DISEASE ASSOCIATION GREATER ST LOUIS CHAPTER 1415 ELBRIDGE PAYNE ROAD SUITE 150 CHESTERFIELD, MO 63017	NONE	PC	TO SUPPORT THE APDA CENTER FOR ADVANCED PARKINSON RESEARCH AT WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	1,000
HABITAT FOR HUMANITY SAINT LOUIS 3763 FOREST PARK AVE SAINT LOUIS, MO 63108	NONE	PC	TO BUILD OR IMPROVE HOMES AND ADVOCATE FOR AFFORDABLE HOUSING	5,000
HAVEN OF GRACE1225 WARREN ST ST LOUIS, MO 63106	NONE	PC	RESOURCES & SUPPORT TO YOUNG & HOMELESS MOTHERS TO ACHIEVE SELF SUFFICIENCY & STABILITY	6,500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING STRAYS OF MONROE COUNTY 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	PC	FOR ANIMAL RESCUE, REHABILITATION, ADOPTION, AND COMMUNITY SERVICE	1,000
JUNIOR ACHIEVEMENT 17339 N OUTER 40 RD CHESTERFIELD, MO 63005	NONE	PC	TO EDUCATE AND INSPIRE YOUNG PEOPLE IN AREAS OF WORK READINESS, ENTREPRENEURSHIP, AND FINANCIAL LITERACY	5,500
KARLA SMITH FOUNDATION 200 NORTH LINCOLN AVE OFALLON, IL 62269	NONE	PC	PROVIDE MENTAL & BEHAVIORAL HEALTH THERAPY, SUPPORT, & EDUC TO YOUNG ADULTS & THEIR FAMILIES	500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS IN THE MIDDLE INC 2650 SOUTH HANLEY ROAD SUITE 150 MAPLEWOOD, MO 63144	NONE	PC	TO PROVIDE COUNSELING, EDUCATION, AND SUPPORT FOR CHILDREN, PARENTS, AND FAMILIES DURING AND AFTER DIVORCE	5,000
KINGDOM HOUSE1321 S 11TH STREET ST LOUIS, MO 63104	NONE	PC	TO PROVIDE A WIDE RANGE OF SOCIAL SERVICE PROGRAMS FOR LOW INCOME INFANTS THROUGH SENIORS	8,878
KIRK DAY SCHOOL12928 LADUE RD ST LOUIS, MO 63141	NONE	PC	FOR THE GENERAL OPERATING FUNDS	250
Total 				265,449
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LOGAN UNIVERSITY 1851 SCHOETTLER RD CHESTERFIELD, MO 63017	NONE	PC	TO SUPPORT A PRIVATE COLLEGE SPECIALIZING IN CHIROPRACTIC AND HEALTH SCIENCES	1,000
LOVETHELOUPO BOX 8242 SAINT LOUIS, MO 63156	NONE	POF	REVERSE NEGATIVE TRENDS OF POVERTY AND RACISM IN STL (MENTOR YOUTH, BRING JOBS, AFFORDABLE HOUSING)	5,000
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE SUITE 241 BALLWIN, MO 63021	NONE	PC	TO GRANT WISHES TO CHILDREN DIAGNOSED WITH A CRITICAL ILLNESS	1,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	ADVOCATE MOTHER & CHILD HEALTH (PREVENT BIRTH DEFECTS, PREMATURE BIRTH & INFANT MORTALITY)	1,500
MENTAL HEALTH AMERICA OF EASTERN MISSOURI 1905 SOUTH GRAND BOULEVARD ST LOUIS, MO 63104	NONE	PC	TO PROVIDE ADVOCACY, EDUCATION AND SERVICES TO PEOPLE LIVING WITH MENTAL ILLNESS	5,000
MICROFINANCING PARTNERS IN AFRICA 4949 COLUMBIA AVENUE ST LOUIS, MO 63139	NONE	PC	MICROFINANCE PROGRAMS IN AFRICA TO ADVANCE BUSINESS OPPORTUNITIES FOR PERSONS IN EXTREME POVERTY	2,500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIRIAM FOUNDATION501 BACON AVE ST LOUIS, MO 63119	NONE	PC	TO PROVIDE EDUCATION TO CHILDREN (THROUGH MIDDLE SCHOOL) WITH COMPLEX LEARNING DISABILITIES	2,500
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS RD SAINT LOUIS, MO 63131	NONE	PC	SUPPORT MO BAPTIST MEDICAL CENTER (DEVELOP WORKFORCE, IMPROVE SERVICES, FUND RESEARCH)	3,000
MISSOURI WARRIORS BASEBALL INC 1543 MASON VALLEY RD SAINT LOUIS, MO 63131	NONE	PC	TO SUPPORT A YOUTH BASEBALL LEAGUE	250
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY GATEWAY AREA CHAPTER 1867 LACKLAND HILL PKWY ST LOUIS, MO 63146	NONE	PC	TO FUND RESEARCH, PROVIDE EDUCATION AND SERVICES, AND ADVOCATE FOR PEOPLE WITH MS AND THEIR FAMILIES	10,000
NATIONAL COUNCIL ON ALCOHOLISM & DRUG ABUSE ST LOUIS AREA INC 9355 OLIVE BOULEVARD ST LOUIS, MO 63132	NONE	PC	TO PROVIDE EDUCATION, INTERVENTION AND ADVOCACY FOR ALCOHOL AND DRUG ADDICTION	5,384
UNLEASHING POTENTIAL (FORMERLY NEIGHBORHOOD HOUSES) 326 S 21ST STREET STE 301 ST LOUIS, MO 63103	NONE	PC	EARLY CHILD CARE & ED, AFTER-SCHOOL PROGRAMS, AND TEEN MOM SUPPORT GROUP FOR LOW INCOME FAMILIES	1,500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROGRESS IN EDUCATION INC NORTHSIDE COMMUNITY SCHOOL 3033 NORTH EUCLID SAINT LOUIS, MO 63115	NONE	PC	TO SUPPORT A CHARTER PUBLIC SCHOOL SERVING LOW-INCOME PRE-K THROUGH 5TH GRADE STUDENTS	2,500
ONE SIMPLE WISH 1977 NORTH OLDEN AVE 292 TRENTON, NJ 08618	NONE	PC	TO PROVIDE WISHES AND NEEDS TO KIDS IN FOSTER CARE THROUGH AN ONLINE PLATFORM	500
PATHWAYS TO INDEPENDENCE 200 S HANLEY ROAD SUITE 103 CLAYTON, MO 63105	NONE	PC	TEACH ADULTS WITH LEARNING DISABILITIES INTERPERSONAL, ADVOCACY, & INVOLVEMENT SKILLS	500
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PIANOS FOR PEOPLE 3138 CHEROKEE STREET ST LOUIS, MO 63118	NONE	PC	CHANGING LIVES THROUGH MUSIC, PROVIDING FREE PIANOS & LESSONS TO FINANCIALLY CHALLENGED PEOPLE	500
READY READERS 10403 BAUR BLVD SUITE H ST LOUIS, MO 63132	NONE	PC	READING PROGRAM AND EXPERIENCES FOR PRESCHOOL-AGE CHILDREN FROM LOW INCOME COMMUNITIES	11,475
RONALD MCDONALD HOUSE CHARITIES OF METRO ST LOUIS INC 3450 PARK AVENUE ST LOUIS, MO 63104	NONE	PC	TO PROVIDE A HOME-AWAY-FROM-HOME FOR FAMILIES OF SERIOUSLY ILL CHILDREN	14,492
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	NONE	PC	CHRISTIAN ORG PROVIDE AID TO VICTIMS OF WAR, POVERTY, NATURAL DISASTER, DISEASE, FAMINE	500
SHARE - PREGNANCY AND INFANT LOSS SUPPORT INC 402 JACKSON STREET ST CHARLES, MO 63301	NONE	PC	TO PROVIDE SUPPORT FOR ANYONE WHO EXPERIENCES THE DEATH OF A BABY	5,000
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR W STE 140 SAINT LOUIS, MO 63110	NONE	PC	TO SUPPORT A CANCER RESEARCH AND TREATMENT FACILITY	750
Total ► 3a				265,449


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 1235 DOUGLAS DR CARBONDALE, IL 62901	NONE	PC	TO SUPPORT AN ALUMNI ACCOUNTING SCHOLARSHIP FUND FOR SIU CARBONDALE	2,320
SPECIAL OLYMPICS MISSOURI 1001 DIAMOND RIDGE SUITE 200 JEFFERSON CITY, MO 65109	NONE	PC	SPORTS TRAINING AND COMPETITION OPPORTUNITIES FOR KIDS WITH INTELLECTUAL DISABILITIES	25,000
ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	PC	SPIRIT OF ST LOUIS WOMEN'S FUND - FOCUSED, HIGH-IMPACT GRANTS TO COMMUNITY NON-PROFITS	2,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE ST LOUIS, MO 63044	NONE	PC	TO DISTRIBUTE FOOD THROUGH PANTRIES, SOUP KITCHENS, AND SENIOR PROGRAMS TO FOOD INSECURE INDIVIDUALS	2,500
ST LOUIS COMMUNITY COLLEGE FOUNDATION 300 S BROADWAY SAINT LOUIS, MO 63102	NONE	PC	TO PROVIDE SUPPORT AND FUNDING FOR SCHOLARSHIPS FOR ST LOUIS COMMUNITY COLLEGE	2,500
ST LOUIS MEN'S GROUP AGAINST CANCER 12951 OLIVE ARCADE PLZ SAINT LOUIS, MO 63141	NONE	PC	PROVIDE FUNDING FOR RESEARCH, PREVENTION AND CARE TO THE LOCAL CANCER COMMUNITY	2,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LOUIS PSYCHOANALYTIC INSTITUTE 8820 LADUE ROAD SAINT LOUIS, MO 63124	NONE	PC	TO PROMOTE MENTAL HEALTH THROUGH EDUCATION, TREATMENT AND INVESTIGATION	1,500
ST LOUIS SYMPHONY 718 NORTH GRAND BOULEVARD ST LOUIS, MO 63103	NONE	PC	TO HOST SYMPHONY CONCERTS AND EDUCATION IN AND FOR THE COMMUNITY	5,000
ST LUKE'S MEDICAL GROUP 232 SOUTH WOODS MILL ROAD CHESTERFIELD, MO 63017	NONE	PC	TO PROVIDE HEALTH CARE SERVICES IN ST LOUIS	10,000
Total ► 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARY'S HEALTH CENTER FOUNDATION 2505 MISSION DR JEFFERSON CITY, MO 65109	NONE	PC	TO SUPPORT HEALTH CARE INITIATIVES IN JEFFERSON CITY'S ST MARY'S HEALTH CENTER	5,000
THE BIOME4471 OLIVE ST SAINT LOUIS, MO 63108	NONE	PC	TO SUPPORT A K-4TH GRADE SCHOOL FOCUSED ON STEAM EDUCATION	2,500
LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY ST SAINT CHARLES, MO 63301	NONE	PC	TO SUPPORT THE SHOTGUN TEAM FOR LINDENWOOD UNIVERSITY	4,000
Total ► 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TREE HOUSE OF GREATER ST LOUIS 332 STABLE LANE WENTZVILLE, MO 63385	NONE	PC	EQUINE BASED THERAPY, EDUCATION, AND EXPLORATION FOR INDIVIDUALS WITH DISABILITIES	2,500
UNITED WAY OF GREATER ST LOUIS INC 910 N 11TH ST ST LOUIS, MO 63101	NONE	PC	TO RAISE AND ALLOCATE FUNDS TO SUPPORT AGENCIES AND SERVICES IN A COMMUNITY	15,000
VISITING NURSE ASSOCIATION OF GREATER ST LOUIS 2029 WOODLAND PKWY STE 105 SAINT LOUIS, MO 63146	NONE	PC	TO PROVIDE PRE AND/OR POST-ACUTE HEALTH CARE SERVICES TO OLDER ADULTS WHEREVER THEY ARE	1,000
Total ▶ 3a				265,449

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	PC	WEIDENBAUM CENTER - RESEARCH WASH U FOCUSED ON ECONOMY, GOVERNMENT, AND PUBLIC POLICY	2,500
WESTMINSTER CHRISTIAN ACADEMY ASSOCIATION 800 MARYVILLE CENTRE DR CHESTERFIELD, MO 63017	NONE	PC	TO SUPPORT A CHRISTIAN PRIVATE COLLEGE-PREP SCHOOL SERVING 7-12TH GRADES	250
WINGS OF HOPE INC 18370 WINGS OF HOPE BLVD ST LOUIS, MO 63005	NONE	PC	MEDICAL RELIEF AND AIR TRANSPORT THROUGH THE MIDWEST	500
Total 				265,449
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF GREATER ST LOUIS 1528 LOCUST STREET ST LOUIS, MO 63103	NONE	PC	COMMUNITY CENTERED PROGRAMS, RECREATIONAL AREAS, FITNESS CENTERS, SPORTS PROGRAMS, CHILD CARE	1,000
Total ▶ 3a				265,449

TY 2017 Investments - Other Schedule

Name: MONETA GROUP CHARITABLE FOUNDATION

EIN: 43-1871586

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY - FUNDS	AT COST	1,363,710	1,696,205

TY 2017 Other Expenses Schedule**Name:** MONETA GROUP CHARITABLE FOUNDATION**EIN:** 43-1871586**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STORAGE FEES	62	0		0
POSTAGE	57	0		0
PRINTING & COPYING	63	0		0

**TY 2017 Substantial Contributors
Schedule****Name:** MONETA GROUP CHARITABLE FOUNDATION**EIN:** 43-1871586**Name****Address**

MONETA GROUP LLC

100 S BRENTWOOD SUITE 500
ST LOUIS, MO 63105

TY 2017 Taxes Schedule**Name:** MONETA GROUP CHARITABLE FOUNDATION**EIN:** 43-1871586

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	545	545		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
	Name of the organization MONETA GROUP CHARITABLE FOUNDATION	Employer identification number 43-1871586

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization MONETA GROUP CHARITABLE FOUNDATION	Employer identification number 43-1871586
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization MONETA GROUP CHARITABLE FOUNDATION	Employer identification number 43-1871586
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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
5	SECURITIES	\$ 3,000	2017-02-23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	SECURITIES	\$ 8,777	2017-08-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	SECURITIES	\$ 10,112	2017-11-30
(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
		\$	

Name of organization MONETA GROUP CHARITABLE FOUNDATION	Employer identification number 43-1871586
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 43-1871586
Name: MONETA GROUP CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	JIM BLAIR	\$ 5,000	Person <input checked="" type="checkbox"/>
	49 MANDERLEIGH ESTATE COURT		Payroll <input type="checkbox"/>
	ST LOUIS, MO63131		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	DAVID BRECKENRIDGE	\$ 6,000	Person <input checked="" type="checkbox"/>
	84 LAKE FOREST DRIVE		Payroll <input type="checkbox"/>
	ST LOUIS, MO63117		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	DIANE COMPARDO	\$ 5,400	Person <input checked="" type="checkbox"/>
	42 BRIARCLIFF		Payroll <input type="checkbox"/>
	ST LOUIS, MO63124		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	STEVE FINERTY	\$ 72,942	Person <input checked="" type="checkbox"/>
	20 ALGONQUIN LANE		Payroll <input type="checkbox"/>
	WEBSTER GROVES, MO63119		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	TIM HALLS	\$ 11,777	Person <input type="checkbox"/>
	634 E PACIFIC AVE		Payroll <input type="checkbox"/>
	WEBSTER GROVES, MO63119		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	MARK HEFFERNAN	\$ 7,500	Person <input checked="" type="checkbox"/>
	431 S SPOEDE RD		Payroll <input type="checkbox"/>
	ST LOUIS, MO63141		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	DONALD KUKLA	<u>\$ 10,112</u>	Person <input type="checkbox"/>
	1030 BARBERRY LANE		Payroll <input type="checkbox"/>
	KIRKWOOD, MO 63122		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	TOM O'MEARA	<u>\$ 37,991</u>	Person <input checked="" type="checkbox"/>
	1953 SUNNY DRIVE		Payroll <input type="checkbox"/>
	ST LOUIS, MO 63122		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	LINDA PIETROBURGO	<u>\$ 23,193</u>	Person <input checked="" type="checkbox"/>
	435 TWIN CREEK ROAD		Payroll <input type="checkbox"/>
	ST LOUIS, MO 63141		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	DAN WEST	<u>\$ 10,000</u>	Person <input checked="" type="checkbox"/>
	50 BRIGHTON WAY 3S		Payroll <input type="checkbox"/>
	ST LOUIS, MO 63105		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	MONETA GROUP LLC	<u>\$ 21,140</u>	Person <input checked="" type="checkbox"/>
	100 S BRENTWOOD SUITE 500		Payroll <input checked="" type="checkbox"/>
	ST LOUIS, MO 63105		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)