Form 990-PF

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.

(% () OMB No 1545-0052 **2017**

Inter	rnal Revenue Service Go to www.	irs.gov/Form990PF for inst	ructions and the latest inf	ormation.	Open to Public Inspection
For	r calendar year 2017 or tax year beginning NOV	7 1, 2017	, and ending	OCT 31, 2018	3
Na	ame of foundation			A Employer identification	n number
F	RINGWALD EBERLE FOUNDATION	1		43-6935128	3
	mbér and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	
4	4525 RIDGEMOOR PLACE COURT	3		(314) 613-	-2807
Cit	by or town, state or province, country, and ZIP or foreign part SAINT LOUIS, MO 63128			C If exemption application is a	
-	Check all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organization	s check hare
0 (Final return	Amended return	ornier public charity	1. Totalgii organization	S, CHECK HOLE
			ſ	Foreign organizations m check here and attach co	eeting the 85% test,
	Address change	Name change	-att	}	
" -"	Check type of organization: X Section 501(c)(3) e			E If private foundation sta	
<u> </u>		Other taxable private foundaring method: X Cash		under section 507(b)(1	
	· 	-	Accrual	F If the foundation is in a	. []
		ther (specify)	e \	under section 507(b)(1)(B), check here .
	5 7 , 337 , 745 . (Part I, column and Expenses				(d) out
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	,
	2 Check X if the foundation is not required to attach Sch B	`			
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	169,177.	169,177.		STATEMENT 1
	5a Gross rents		<u> </u>		
	b Net rental Income or (loss)	`			
ø	6a Net gain or (loss) from sale of assets not on line 10	72,535.		RE	CEIVED
ž	Gross sales price for all assets on line 6a				OLIVED
Revenue	7 Capital gain net income (from Part IV, line 2)		72,535.	2	I O
	8 Net short-term capital gain	,		m MAH	
	9 Income modifications	` .			(ý)
	Gross sales less returns and allowances			06	DEN, UT
	b Less Cost of goods sold				DLIV, UI
	c Gross profit or (loss)				
	11 Other income	401.	401.		STATEMENT 2
	12 Total. Add lines 1 through 11	242,113.	242,113.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
Ŋ	15 Pension plans, employee benefits				
nses		3,700.	0.		3,700.
ğ	b Accounting fees	44 650	44 650		
Ų	c Other professional fees STMT 4	41,659.	41,659.		0.
ıtive	17 Interest	0 761			
Operating and Administrative Expen	18 Taxes STMT 5	8,761.		<u> </u>	0.
ij	19 Depreciation and depletion				
mp/	20 Occupancy				
ΑÞ	21 Travel, conferences, and meetings				
) an	22 Printing and publications	36.	0.		36.
ţį	23 Other expenses STMT 6	30.	U •		30.
era	24 Total operating and administrative	54,156.	41,659.		2 726
Ö	expenses. Add lines 13 through 23	354,400.	#T,009.		3,736. 354,400.
	25 Contributions, gifts, grants paid	334,400.			334,400.
	26 Total expenses and disbursements.	408,556.	41,659.		358,136.
	Add lines 24 and 25	400,330.	#I,009.		330,130.
	27 Subtract line 26 from line 12:	<166,443.			
	Excess of revenue over expenses and disbursements Net investment income (tracelles, exter 0.)	<u> </u>	200,454.		
	b Net investment income (if negative, enter -0-)		400,404.	N/A	
7005	C Adjusted net income (If negative, enter -0-) 501 01-03-18 LHA For Paperwork Reduction Act Notic	A see instructions	7	7	Form 990-PF (2017)
1235	101-03-18 LAM FOI FAPEIWOIK NEUBUION ACT NOW	ธ, อธธ เหอเเนยเปมช	· (n).	_ 1	101111 000-F1 (2017)

	LD EBERLE FOUNDATT Losses for Tax on Investme			4.	3-6935	L∠8 Page 3
L ,	d(s) of property sold (for example, real e		(b) How acquired P - Purchase	(c) Date a	acquired	(d) Date sold
2-story brick warehous	e; or common stock, 200 shs. MLC Co.)		D - Donation	` (mo., da		(mo., day, yr.)
1a US TRUST - SHORT						
b US TRUST - LONG TI	ERM					
<u>c</u>			 			
d e						
		Cost or other basis s expense of sale			ain or (loss) s (f) minus (g))	
a						20,875.
b						51,660.
С						
<u>d</u>						
Complete only for assets showing gain	in column (h) and owned by the foundat	nn nn 12/31/69		II) Gaine (C	ol. (h) gaın mır	200
		Excess of col. (I)		ol. (k), but n	ot less than -0)-) or
(i) FMV as of 12/31/69		er col. (j), if any		Losses ((from col. (h))	
a						20,875.
b						51,660.
<u>c</u>						
<u>d</u>						
е						
2 Capital gain net income or (net capital los	If gain, also enter in Part I, IIr (loss), enter -0- in Part I, III	1e 7 ne 7	}			72,535.
, , ,	•	116 7				<u>, , , , , , , , , , , , , , , , , , , </u>
3 Net short-term capital gain or (loss) as de If gain, also enter in Part I, line 8, column)			
If (loss), enter -0- in Part I, line 8			<i>J</i> 3		N/A_	
Part V Qualification Under	Section 4940(e) for Reduce	ed Tax on Net	Investment in	come		
(For optional use by domestic private foundation	itions subject to the section 4940(a) tax	on net investment in	come.)			
If section 4940(d)(2) applies, leave this part	blank.					
Was the foundation liable for the section 494		waar in the bace nor	iod2		_	Yes X No
If "Yes," the foundation doesn't qualify under		-	iou.	•	,	162 NO
1 Enter the appropriate amount in each co			ntries.			
(a) Base period years	(b)		(c)		(d) Distributio	on ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of no	ncharilable-use asset		(col. (b) divided	d by col. (c))
2016	342,189		7,262,80			.047115
2015	361,764		6,995,17			.051716
2014	359,941		7,314,85			.049207 .047276
2013 2012	348,593 308,436		7,373,509			.047276
2012	300,430	•1	77020700			.045001
2 Total of line 1, column (d)				2		.239195
3 Average distribution ratio for the 5-year b	ase period - divide the total on line 2 by	5.0, or by the number	er of years			
the foundation has been in existence if le	ss than 5 years			3		.047839
					_	
4 Enter the net value of noncharitable-use a	issets for 2017 from Part X, line 5			4		752,118.
5 Multiply line 4 by line 3				5		370,854.
6 Enter 1% of net investment income (1% of	of Part I, line 27b)			6		2,005.
7 Add lines 5 and 6				7		<u>372,859.</u>
O Catan availation distribute to the con-	II haa d					250 126
8 Enter qualifying distributions from Part X		malata that as 4 = :		8		<u>358,136.</u>
If line 8 is equal to or greater than line 7, See the Part VI instructions	CHECK THE DOX IN MARK VI, IINE TO, AND COR	iipiete tiiat part usin(ja 170 lax late.			
723521 01-03-18					Form	990-PF (2017)

Ta Scempt operating brundations described in section 49(0)(2), entex here b and deter WVV on line 1. Date of ruling or determination letter: (attach eapy of letter if incessary-see instructions) b Demestic boundations that meter tescind 49(6)(2) requirements in Part V, scheck here b and retirs 1% of Part I, line 270 a All other domestic boundations 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) suits and taxable boundations only, others, enter -0-) 3 Add lines 1 and enter 1% 3 Add lines 1 and enter 1% 4 0.0.9. 5 Tax based on Investment Innone. Subtract line 4 from line 3.1 fzero or less, enter -0-) 5 Tax based on Investment Innone. Subtract line 4 from line 3.1 fzero or less, enter -0-) 6 Credits/Payments: 2 017 estimated tax payments and 2016 overpayment credited to 2017 Exampt foreign organizations: aux withheld at source 1 Exampt foreign organizations: aux withheld at source 1 Exampt foreign organizations and 2016 overpayment credited to 2017 5 Exempt foreign organizations: aux withheld at source 1 Exampt foreign organizations: aux withheld at source 1 Exampt foreign organizations and 2016 overpayment credited to 2017 5 Exempt foreign organizations: aux withheld at source 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 1 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 2 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 3 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 4 Tax due. If the total of line 5 and 8 is more than line 7, enter amount owed 5 Tax due. If	Form 990-PF (2017) RINGWALD EBERLE FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	43-69	935128 ee instru	Page	4
Disconsistion Consideration Section 490(e) requirements in Part V, obeck here \(\) and enter 1% of Part I, line 270 All other demonster foundations earned reads of Part I, line 12, col. (b). 2 raz under section 511 (domestic section 4947(a)(1) trusts and texable foundations only; others, enter -0-) 3 Add lines 1 and 2 5 Subtelle A (flections) tax (domestic section 4947(a)(1) trusts and texable foundations only; others, enter -0-) 5 Add lines 1 and 2 6 Cedeble*Paymets: 1 O. 5 1 Tax based on investment income. Subtract line 4 from line 3.1 ffz or or less, enter -0- 5 Cedeble*Paymets: 2 070 restimated fax payments and 2016 oversyment or redded to 2017 5 Exempt foregroung capitations: rax withheld at source 6 Tax paid with application for extension of lime to life (Form 8868) 6 G O. 7 Total credits and payments. Add lines 5 all frough 64 8 Inter any separatly for undersyment or destinated tax. Check here If Form 2220 is attained B. O. 8 Inter any separatly for undersyment or destinated tax. Check here If Form 2220 is attained B. O. 9 Tax of the total of lines 5 and 6 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 all frough 64 1 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 all frough 64 1 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 all frough 64 1 Total credits and payments. Add lines 5 and 5 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 all frough 64 1 Total credits and payments. Add lines 5 and 6 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 and 6 is more than line 7, enter amount over paid 1 Total credits and payments. Add lines 5 and 6 is more than line 7, enter amount over paid 2 Total credits and payments. Add lines 5 and 6 is more than line 7, enter amount over paid 3 Lyss 1 Retunded 1 In 7 Total		340 - 34	oc mana	Julionaj	_
b Domestic foundations that meet the section 4947(a) requirements in Part V, check here	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
of Part I, line 27b • All Other dismosals foundations eater 2% of line 27b, Exampl 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-) 3 Add lines 1 and 2 3 Add lines 1 and 2 5 Subtile A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on Investment fineone. Subtract line 4 from line 3.1 ffzer or less, enter -0-) 5 Credish/Payments: 2 2017 estimated fax payments and 2016 overapyment predicted to 2017 6 Exempt foreign organizations: tax withheld at source 6 Exempt foreign organizations: tax withheld at source 6 Total credits and payments. Add lines 6a through 6d 8 Exited any penalty for underpayment of eatherson of time to file (Form 8868) 6 Bed.		1	4	.009	
a All other domestic foundations enter 2% of the 27b. Exempl foreign organizations, enter 4% of Part I, line 12, col. (b). J 2 Tax under scenton 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0·) 3 Add lines 1 and 2 4 Subtlet A (increme) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0·) 5 Tax based on investment fecenoe. Subtract line 4 from lard 3.1f zero or less, enter -0· 5 CeredistPayments: 2 2017 estimated tax payments and 2016 overpayment credede to 2017 5 Exempt foreign organizations— tax withheld at source 6 Tax paid with application for externation of time to life (Firm 8968) 6 Be D 0. 1 Total credits and payments. Add line 58 through 6d 7 Total credits and payments. Add line 58 through 6d 8 First and payments. Add line 58 through 6d 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount eved 1 Total redits and payments. Add lines 5 and 8, enter the amount overpaid 1 Either the amount of lise 10 to los Credited to 2018 estimated lax ▶ 10 Verpayment if line 7 is more than line 7, enter amount eved 10 Verpayment if line 7 is more than line 7, enter amount eved 10 Verpayment if line 7 is more than line 7, enter amount eved 11 Either the amount of lise 10 to los Credited to 2018 estimated lax ▶ 12 During the tax year, dot the foundation attempt to influence any national, state, or local lagislation or did it participate or intervene line any political campalary? 2 b Did it spend more than 5100 during the year (either directly for ordineally) for political purposes? See the instructions for the definition lift has axwers = 7** set 1 to 1° tb, altach a defauld description of the activities and copies of any malerals published or distributed by the foundation in expensition with the activities and copies of any malerals published or distributed the foundation has participated to the lifts, in its governing instrument, or by laws, or other similar instruments? If yee, "attach or onformation of					_
3 4 4,009. 4 50-bit No. 4 50-bit No. 4 50-bit No. 5 5 4,009. 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-) 6 Coedis/Payments. 2 2017 estimated bax payments and 2016 overpayment or ended to 2017 6 Example foreign organizations - tax withheld at source 6 D					
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5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Cradus/Payments: a 2017 estimated tax payments and 2016 overpayment credued to 2017 b Exempl foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to file (Form 8689) 6 Backup withholding arroneously withheld 1 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owned 10 Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11. Enter the amount of line 10 to be: Credited to 2016 estimated tax b 11. Enter the amount of line 10 to be: Credited to 2016 estimated tax 12.231 Refunded ► 11 0. PERT VII-A 1 Statements Regarding Activities 13 During the tax yaer, det the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Set the instructions for the definition if the answer is "Set to 1 a or 1s, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 b Unit foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. 2 Enter the reimbursement (if any) paid by the foundation during the year? (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0. 2 Enter the reimbursement (if any) paid by the foundation during the year? (1) On the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes, a state has a tax return on Form 99-0 Tor this year? 1 If "Yes, a that on the dealer disease process income of \$1,000 or more during the year? If "Yes, a that he did a tax return on Form 99-0 Tor this year? 2 If Yes, a that of the a tax return on Form 99-0 Tor this year? 3 Ent		3		1,009	<u> </u>
6 CreditisPayments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations: 1xx withheld at source c Tax paid with application for extension of time to file (Form B669) 6 B B C O. 6 B B O. 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 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 11 Enter the amount of line 10 to be Credited to 2018 estimated tax. 11 Enter the amount of line 10 to be Credited to 2018 estimated tax. 12 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 exampliant? 15 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 exampliant? 15 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 exampliant? 16 Did its spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answers *Yes* to 1 a or in. attach a detailed description of the activities and copies of any materials published or distributed by the foundation here form 1 129-00, for this year? 16 Enter the remultive semant (if any) pad by the foundation during the year (1) On the foundation Per Fari 1129-00, for this year? 16 First the remultivesment (if any) pad by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. C. 17 Yes have the contraction during the year for political expenditure tax imposed on foundation managers. ► \$ 0. C. 18 Enter the remultivesment (if any) pad by the foundation during the year for political expenditure tax into	4 Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			_
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b Exempt foreign organizations - lax withhold at source of Tax paid with application for extension of time to file (Form 8868) of Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6s through 6d 8 Refler any penalty for underpayment of estimated tax. Check here ☐ If Form 2220 is attached 8 O. 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 11 Intel the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 1.231. If Enter the effect of the credit of lines and tax of the credit of lines and tax of			,		
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is altached 8 Tax due. If the total of lines 5 and 6 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 owed 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any oblitical campaign? 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any oblitical campaign? 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any oblitical campaign? 16 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any oblitical campaign? 16 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any oblitical campaign? 18 During the sax year, did the foundation in connection with the activities. 2 During the sax year is to 1 or 16, attach a detailed description of the activities and copies of any materials published or distributed by the foundation. 2 During the foundation. 2 During the foundation. 3 During the foundation. 3 During the foundation. 4 During the foundation. 5 During the foundation managers. 5 During the foundation and any changes, not previously reported to the IRS? 2 During the foundation and any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? 5 Was there a liquidation made any changes, not previously reported to the IRS, in its governing instrumen	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
8 Enter any penalty for underpayment of estimated tax. Check here	d Backup withholding erroneously withheld 6d 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 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1, 231. Refunded ▶ 11 O. Part VIII-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 any political campaign? 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? 1b Did it spend more than \$100 during the year (either directity or indirectly) for political purposes? See the instructions for the 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 on connection with the activities. 1c Did the foundation le Form 1120-POL for this year? 2d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 2					_
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 1, 231. Refunded ► 11 11 Can be amount of line 10 to be: Credited to 2018 estimated tax ► 1, 231. Refunded ► 11 12 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? 12 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? 13 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? 13 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? 14 Did the foundation factor for the search value of the activities. 15 During the tax year, did the foundation intervene in any political description of the activities. 16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 17 During the foundation Ps		$\overline{}$		0	<u>.</u>
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1, 231 • Refunded ▶ 11 0. Part VII-A Statements Regarding Activities	· ·				_
Part 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 any political campaigin? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the 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. 1c Did the foundation file Fermi 1120-POL for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. 2 Enter the remibursment (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. 3 D. (2) On foundation angaged in any activities that have not previously been reported to the IRS? 4 In "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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either 9 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, or 9 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? 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 8a Enter the		11		<u> </u>	<u>-</u>
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N/A

during the year?

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

Form 990-PF (2017) RINGWALD EBERLE FOUNDATI	ON		43-69351	28	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	- 1	
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,	•	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				ĺ
any voter registration drive?	•		es X No	İ	i
(3) Provide a grant to an individual for travel, study, or other similar purposes		. L Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
4945(d)(4)(A)? See instructions	•	•	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?	•		es X No		{
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-		in Regulations		ļ	
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		. —			
expenditure responsibility for the grant?		1/A . ∟ _ Ye	es L No	j	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ł	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>	()]	,
a personal benefit contract?		. L Ye	es X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	•	<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.			[99]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ц Ye	es X No		
Part VIII Information About Officers, Directors, Trust		nagara Highl		7b	<u> </u>
Paid Employees, and Contractors	ees, roundation wa	magers, migni	У		
List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Cantibullans to	(e) Exp	епѕе
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other nces
DAVID RINGWALD	TRUSTEE				
5120 BUTLER BEND DRIVE					
ST LOUIS, MO 63128	0.00	0.	0.		0.
DONNA RINGWALD	TRUSTEE		ĺ		
4525 RIDGEMOOR PLACE COURT			•		
ST LOUIS, MO 63128	0.00	0.	0.		0.
	TRUSTEE				
4525 RIDGEMOOR PLACE COURT			1		
ST LOUIS, MO 63128	0.00	0.	0.		0.
·		}	,		
2 Compensation of five highest-paid employees (other than those inc	ludad on line 1) If name	onter "NONE "			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(a) Eyn	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account, allowa	other
NONE	devoted to position		compensation	anowai	11005
NONE	•	<u> </u>			
		 			
		1	i		
		<u> </u>			
]			
					
Total number of other employees paid over \$50,000					0
			Form :	990-PF	(2017)

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Form 990-PF (2017) RINGWALD EBERLE FOUNDATION		935128 Page 7
Part VIII Information About Officers, Directors, Trustees, Figure Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If no	ne, 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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relev	rant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research pa	pers produced, etc.	· Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total, Add lines 1 through 3		0.

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:		
а	Average monthly fair market value of securities	1a	7,863,239.
Ь	Average of monthly cash balances	Ib	7,863,239. 6,932.
C		1c	
d	Total (add lines 1a, b, and c)	1d	7,870,171.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,870,171.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	118,053.
5	Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,752,118.
6	Minimum investment return. Enter 5% of line 5	6	387,606.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum Investment return from Part X, line 6	1	387,606.
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	4,009.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	383,597.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	383,597.
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	383,597.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		252 426
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a	358,136.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0.50 406
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	358,136.
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	358,136.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r 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,	Ooipus	reard prior to 2010	2010	2017
line 7				383,597.
2 Undistributed Income, If any, as of the end of 2017				
a Enter amount for 2016 only			354,399.	
ь Total for prior years:		_		1
		0.		
3 Excess distributions carryover, if any, to 2017:			'	•
a From 2012			,	•
b From 2013 c From 2014	,	,	,	•
d From 2015	,	,	, ,	•
e From 2016		,	,]	, ,
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from		1	11 1	
Part XII, line 4: ►\$ 358,136.		,		, v
a Applied to 2016, but not more than line 2a		·	354,399.	·
b Applied to undistributed income of prior	١,		, ,,,,,,,,	, ,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			`	, ,
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount	· · · · · · · · · · · · · · · · · · ·		,	3,737.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.		··	0.
must be shown in column (a))		, , , ,		•
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			3 1
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.		<u> </u>
e Undistributed income for 2016. Subtract line	,	,	ł	
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				272 262
be distributed in 2018				379,860.
7 Amounts treated as distributions out of			İ	,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.	,	j	
may be required - see instructions) 8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.		ì	
9 Excess distributions carryover to 2018.		,	· 	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	, , ,	, ,	,	
a Excess from 2013	•	,	•	
b Excess from 2014			;,	
c Excess from 2015		,		
d Excess from 2016			j	
e Excess from 2017		<u> </u>		
				Earm QQA-DF (2017)

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Form 990-PF (2017) RINGWAL Part XIV Private Operating F	D EBERLE FO		(A guestion (I)	43-69	35128 Page 10
\ 			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	•	· · · · · · · · · · · · · · · · · · ·	4040(3)(2) 1	10(1)(5)
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or 494	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	47.0040	Prior 3 years		(17.11
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			}		
each year listed		<u> </u>			
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		1	/	1	
exempt activities					
• • • • • • • • • • • • • • • • • • • •		 	 	 	
e Qualifying distributions made directly		1		İ	
for active conduct of exempt activities.					
Subtract line 2d from line 2c		ļ			
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:			\vee]	
(1) Value of all assets			1		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(j)			ĺ	[
b "Endowment" alternative test - enter					
2/3 of minimum investment return		/	1	}	
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		/		ľ	
securities loans (section		¥		ľ	
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 Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or mo	re in assets
at any time during t			ii tiic iouiiuation	Tida 40,000 or Tilo	16 111 033613
	······	<u>uctions.</u> ,			
1 Information Regarding Foundatio	•				
a List any managers of the foundation who			ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(a)(2).)			
NONE		- <u>-</u> -	· · · · · · · · · · · · · · · · · · ·		
b List any managers of the foundation who			or an equally large portio	n of the ownership of a pai	rtnership or
other entity) of which the foundation has	a 10% or greater intere	st.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation o		• • • •	_	of accept upsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.,					0.0 101 101103. 11
a The name, address, and telephone numb					
a The name, address, and telephone name	iei di ciliali addiess di ti	ie herzou to muoni abbiio	مرانانای عالیاتات به مرتاز دی	cu.	
 					
b The form in which applications should b	e submitted and informa	tion and materials they sh	iould include:		
			<u></u>		
c Any submission deadlines:					
				···	
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	ther factors:	

Total

Form 990-PF (2017)

3 Grants and Contributions Paid During the			, <u> </u>	
Recipient .	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Computon	
		,		
ARDINAL GLENNON FOUNDATION	N/A	FOUNDATION	HEALTH SERVICES	
800 PARK AVENUE . T LOUIS MO 63110				5,0
	,			,
CARDINAL RITTER SENIOR SERVICES	N/A	PUBLIC CHARITY	HEALTH SERVICES	
663 WATSON ROAD				
T LOUIS, MO 63119		-		15,0
ARITAS CONNECTIONS	N/A	PUBLIC CHARTTY	HEALTH SERVICES	
.O. BOX 31072	, , , , , , , , , , , , , , , , , , ,	TODDIO CIDINITI	DAVICED .	
T. LOUIS, MO 63131				4,0
ATHOLIC CAMPUS MINISTRY	N/A	PUBLIC CHARITY	RELIGOUS	
12 N PACIFIC STREET APE GIRARDEAU MO 63701				2.0
· ATHOLIC CHARITIES OF ST. CLOUD	N/A	PUBLIC CHARITY	RELIGOUS.	
11 18TH STREET N, PO BOX 2390		102210 012111		
T CLOUD, MN 56302				4,00
CATHOLIC CHARITIES OF ST. LOUIS	N/A	PUBLIC CHARITY	RELIGOUS	
T. LOUIS MO 63108				5,00
ATHOLIC CHARITIES USA	N/A	PUBLIC CHARITY	RELIGOUS	
050 BALLENGER AVE. STE 400				45.00
LEXANDRIA, VA 22314				15,00
ATHOLIC DIOCESE OF ATLANTA	N/A	PUBLIC CHARITY	RELIGOUS	
021 N 54TH ST				
ANSAS CITY, KS 66104		 		5,00
				,
ATHOLIC RELIEF SERVICES	N/A	PUBLIC CHARITY	RELIGOUS	i -
O. BOX 17090 ALTIMORE MD 21298				5,00
				3,00
HADS	N/A	PUBLIC CHARITY	HEALTH SERVICES	
80 CRESTWOOD PLAZA				
T_LOUIS, MO 63126 Total from continuation sheets		<u></u>		1,00 320,40

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
COMPANIA OF THE AGGREGATION	N/3	DUDITO CUADITA	DEL TOOMS	
CHURCH OF THE ASSUMPTION 51 7TH STREET WEST	N/A	PUBLIC CHARITY	RELIGOUS	
ST, PAUL, MN 55102				1,00
CONCEPTION ABBEY INC	N/A	PUBLIC CHARITY	PEL TCOUR	
P.O. BOX 501, 37174 STATE HWY VV	N/A	TOBBIC CIRKITI	KEDIGOOS	
CONCEPTION MO 64433				10,000
COR JESU	N/A	PUBLIC CHARITY	RELIGOUS	
10230 GRAVOIS ROAD				
ST LOUIS, MO 63123				33,000
DAUGHTERS OF ST. PAUL	N/A	PUBLIC CHARITY	RELIGOUS	
9804 WATSON ROAD				
ST LOUIS, MO 63126				3,000
FATHER MCGIVNEY HIGH SCHOOL	N/A	PUBLIC CHARITY	EDUCATIONAL	
142 WILMA DRIVE				
MARYVILLE, IL 62062				5,000
FEED MY PEOPLE	N/A	PUBLIC CHARITY	HEALTH SERVICES	
171 KINGSTON DRIVE				i
ST LOUIS, MO 63125				8,500
FOCUS	N/A	PUBLIC CHARITY	RELIGOUS	
603 PARK POINT DR, STE 200				2 000
GENESEE, CO 80401		<u> </u>		2,000
FONTEBELLA MATERNITY HOME	N/A	PUBLIC CHARITY	HEALTH SERVICES	
P.O. BOX 137 D'FALLON IL 62269				2 004
5 FALLON, IL 62269				3,000
FRANCISCAN CHARITIES	N/A	PUBLIC CHARITY	RELIGOUS	
3140 MERAMEC STREET ST LOUIS MO 63118				4,000
51 40015, NO 03110				4,000
GOOD SHEPHERD CHILDREN AND FAMILY	N/A	PUBLIC CHARITY	HEALTH SERVICES	
1340 PARTRIDGE AVE				
ST LOUIS MO 63130 Total from continuation sheets		I		2,000

Part XV Supplementary Informating Grants and Contributions Paid During the				T
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HACSM FOOD PANTRY	N/A	PUBLIC CHARITY	HEALTH SERVICES	•
900 CHESTNUT				
HIGHLAND, IL 62249				5,000
HSHS ST. JOSEPH'S FOUNDATION	N/A	PUBLIC CHARITY	HEALTH SERVICES	
12866 TROXLER AVE				
HIGHLAND, IL 62249				3,000
IMMACULATE CONCEPTION CHURCH	N/A	PUBLIC CHARITY	RELIGOUS	
404 S. FIRST STREET	[
OWENSVILLE, MO 65066				1,000
ALIMBACA OF EPIDON CENTURES.	N/A	PUBLIC CHARITY	DEL TOOLS	
KENRICK-GLENNON SEMINARY 5200 GLENNON DRIVE	N/A	POBLIC CHARITI	RELIGOUS	
ST LOUIS, MO 63119		-		25,000
MISSIONARIES OF CHARITY	N/A	PUBLIC CHARITY	RELIGOUS	
2500 n spring ave				
ST LOUIS, MO 64113				1,000
MISSIONARIES OF THE HOLY FAMILY 3041 OREGON AVE	N/A	PUBLIC CHARITY	RELIGOUS	
ST LOUIS, MO 63118				3,000
NAZARETH LIVING CENTER 2 NAZARETH LANE	N/A	PUBLIC CHARITY	HEALTH SERVICES	
ST LOUIS, MO 63366				11,000
				i
OPERATION FOOD SEARCH	N/A	PUBLIC CHARITY	HEALTH SERVICES	
5282 OLIVE BLVD ST LOUIS, MO 63130				8,000
OUR LITTLE HAVEN	N/A	PUBLIC CHARITY	HEALTH SERVICES	
4316 LINDELL BLVD				
ST LOUIS, MO 63108				5,000
QUEEN OF PEACE CENTER	N/A	PUBLIC CHARITY	HEALTH SERVICES	
325 N. NEWSTEAD				
Total from continuation sheets		L	L	2,000

3 Grants and Contributions Paid During the Y		- ,	·	ļ
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
REGINA CLERI	N/A	PUBLIC CHARITY	RELIGOUS ,	
10 ARCHBISHOP MAY DRIVE				
ST LOUIS, MO 63119				5,00
RELEVANT PREGNANCY OPTIONS CENTER	N/A	PUBLIC CHARITY	HEALTH SERVICES	
2653 PLAZA DRIVE HIGHLAND, IL 62249		ļ		2,50
SACRED HEART ACADEMY 3175 LEXINGTON ROAD	N/A	PUBLIC CHARITY	RELIGOUS	
LOUISVILLE, KY 40206		 		50
SISTERS OF ST. FRANCIS	N/A	PUBLIC CHARITY	PELICOUS	
104 EAST PARK, P.O. BOX 488			ALLEI GOOD	16,000
SAVANNAH, MO 64485		,		16,000
SISTERS OF ST. JOSEPH OF CARONDOLET	N/A	PUBLIC CHARITY	RELIGOUS	
6400 MINNESOTA AVE. ST. LOUIS, MO 63111				10,000
SMILE TRAIN P.O. BOX 96231	N/A	PUBLIC CHARITY	HEALTH SERVICES	
WASHINGTON, DC 20090	-			
ST. ANTHONY'S CHARITABLE FOUNDATION	N/A	FOUNDATION	RELIGOUS	
10010 KENNERLY ROAD	\[\frac{1}{2} \]			3,000
ST LOUIS, MO 64128				
ST. FRANCIS COMMUNITY SERVICES	N/A	PUBLIC CHARITY	HEALTH SERVICES	
4532 LINDELL BLVD ST, LOUIS, MO 63108				2,000
ST, JOHN VIANNEY HIGH SCHOOL - DANIEL	N/A	PUBLIC CHARITY	EDUCATIONAL	
L. RINGWALD SCHOLARSHIP FUND 1311 SOUTH KIRKWOOD ROAD				
ST LOUIS MO 63122		 		23,000
ST. JOHN VIANNEY HIGH SCHOOL	N/A	PUBLIC CHARITY	EDUCATIONAL	
1311 SOUTH KIRKWOOD ROAD ST LOUIS, MO 63122				7,000
Total from continuation sheets				

Part XV Supplementary Information		1		JJ126
3 Grants and Contributions Pald During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ST. LOUIS AREA FOOD BANK	n/A	PUBLIC CHARITY	HEALTH SERVICES	
70 CORPORATE WOODS DRIVE				
BRIDGETON, MO 63044				7,500
ST. LOUIS UNIVERSITY	N/A	PUBLIC CHARITY	EDUCATIONAL	
221 N GRAND BLVD				
ST LOUIS, MO 63103				4,000
ST. PAUL CATHOLIC SCHOOĻ	N/A	PUBLIC CHARITY	EDUCATIONAL	
1416 MAJN STREET HIGHLAND, IL 62249				8,500
HIGHLAND, IL 62249				8,500
ST. PAUL EDUCATION FOUNDATION	N/A	FOUNDATION	EDUCATIONAL	
1412 9TH STREET			,	5 000
HIGHLAND, IL 62249			-	5,000
ST. VINCENT DE PAUL ASSUMPTION 403 NORTH MAIN STREET 4725 Maltis R	N/A	PUBLIC CHARITY	RELIGOUS	
G'FALLON, MO 63366 St. Low MO 63128				900
ST. VINCENT DE PAUL SOCIETY	N/A	PUBLIC CHARITY	RELIGOUS	
100 N. JEFFERSON AVENUE				
ST LOUIS, MO 63103				10,000
VALLE SCHOOLS FOUNDATION	N/A	FOUNDATION	EDUCATIONAL	
20 N. FOURTH STREET		•		7 500
ST GENEVIEVE, MO 63670		<u> </u>		7,500
VALLE SPRINGS CEMETERY FUND	N/A	שמש מע זמיום	CULTURAL AND OTHER	
VALLE SPRINGS CEMETER: FOND	N/A	FUBLIC CHARITI	ORGANIZATIONS	
ST GENEVIEVE, MO 63670				500
WARRED PARTIES MATCH		70/170 A 77 CV	WD1.00 0000-0-5	
VITAE FOUNDATION 1731 SOUTHRIDGE, STE D	N/A	FOUNDATION	HEALTH SERVICES	
JEFFERSON CITY MO 65109				7,000.
·				
WHITE HOUSE RETREAT INC	N/A	PUBLIC CHARITY	RELIGOUS	
7400 CHRISTOPHER DRIVE				
ST LOUIS, MO 63129 Total from continuation sheets	<u> </u>	<u> </u>	<u> </u>	2,000

	Unrelated b	usiness income	Excluded	by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1 1				
d					
e	_				
f	_				
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments					160 177
Dividends and interest from securities					169,177
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			+		
Net rental income or (loss) from personal				ł	
property	· -				401
7 Other investment income				·	401
3 Gain or (loss) from sales of assets other than inventory					72,535
Net income or (loss) from special events	•	··· <u>-</u> .			12,555
Cross profit or (loss) from color of inventory					
1 Other revenue:			+		
b	i i	-			
c					······································
d		-			
e					· · · · · · · · · · · · · · · · · · ·
2 Subtotal. Add columns (b), (d), and (e)		().	0.	242,113
3 Total. Add line 12, columns (b), (d), and (e)				13	242,113
o i otal. Add lillo 12, colditilio (b), (d), and (c)					
). j			Purnosas	
See worksheet in line 13 instructions to verify calculations		nlichment of			
See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie		plishment of	Exempt I	ui poses	
Part XVI-B Relationship of Activitie	s to the Accom				plishment of
Part XVI-B Relationship of Activitie Line No Explain below how each activity for which is the foundation's exempt purposes (other the	ncome is reported in cohan by providing funds	olumn (e) of Part XV for such purposes).	I-A contribute	ed importantly to the accom	
Part XVI-B Relationship of Activitie Line No Explain below how each activity for which is the foundation's exempt purposes (other the INCOME ON INVESTMENTS)	ncome is reported in conan by providing funds AIDS IN F	olumn (e) of Part XV for such purposes). ROVIDING	I-A contribute	ed importantly to the accom	
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Firm's EIN ► 43-0948710

Phone no. (314) 613-2807

Paid

Preparer

Use Only

reparer's signature

Date

self- employed

SCOTT H. MALIN

Firm's name ► LATHROP & GAGE LLP

Firm's address ▶ 7701 FORSYTH BLVD., SUITE 400 CLAYTON, MO 63105

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	URITIES	Sī	PATEMENT	1
SOURCE	GROSS AMOUNT	T DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME			
US TRUST	169,177.			169,17	7. 169	. 169,177.		
TO PART I, LINE 4	169,177.		0. 169,177		169,177.			
FORM 990-PF		OTHER	INCO	ME		SI	TATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO	
PROCEEDS SECURITY LIT	IG			401.		401.		
TOTAL TO FORM 990-PF,	PART I, I	LINE 11 =		401.		401.		
FORM 990-PF		LEGA	L FEI	ES		ST	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME		TED	(D) CHARITAI PURPOSI	
LATHROP & GAGE - ATTO	RNEY	3,700		0 .	•		3,7	00.
TO FM 990-PF, PG 1, L	===	3,700	· 	0			3,70	00.
FORM 990-PF	OTI	HER PROFE	SSIO	NAL FEES		Sī	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NE: MEI		(C) ADJUS NET IN		(D) CHARITAI PURPOSI	
		25 071		25 071				0.
US TRUST - MGMT FEES ADVISORY FEES		35,071 6,588		35,071. 6,588.				0.

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		
2016 EXCISE TAX 2017 ESTIMATED TAX	3,521. 5,240.		0.			0.
TO FORM 990-PF, PG 1, LN 18 =	8,761.		0.			0.
FORM 990-PF	OTHER E	XPENSES	= <u> </u>		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		
MISC EXPENSE	36.		0.			36.
TO FORM 990-PF, PG 1, LN 23	36.	:	0.		3	36.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKET	ľ
US TRUST- EQUITIES		-	4	1,422,762.	5,555,60	05.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	=	4	1,422,762.	5,555,60	05.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKET	ני
		COST		1,221,315.	1,175,79	91.
US TRUST - HEDGE FUNDS		COST		434,050.	434,33	