Form **990-PF** Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

A Employer Identification number   A Employer Ide	For	cale	ndar year 2018 or tax year beginning		, and ending		
Number of a service of to Dear number (route) is not delivered to creat excisesory   30.2 AMPSHRRE HILL   (314) 746-3625	Na	me c	if foundation	,		A Employer identification	n number
3 02 HAMPSHITE HILL  G Check all mat apply.    Final return   Administraturn   Amministraturn of a former public charry   Amministraturn   Am				26-3694769	·		
City of twost, state or province, country, and ZIP of foreign possible code  ST. LOUIS, MO 6314  G Check all that apply. Immal return Indial return Indiana Indiana Return Indiana Return Indiana Return Indiana Indiana Indiana Return Indiana			•	et address)	Room/sulte		2525
ST. LOUIS, MO 63141  6 Check all that apply. Indicate return Address change Indicate return Indicate					<u> </u>	<del> </del>	<del></del>
Continue to the price of a moster and a former public charity   American and a former public				postal code		C If exemption application is p	pending, check here
Final return   Address change   Name chang	_			Initial setura of a f	ormer public charity	D 1 Foreign organization	a abask bara
Address change	•	J1166	· · · · · <del></del> ·	_	ornier public charity	. roreign organizations	S, CHECK HEIE
Clear type of organization:     Section 501(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charactable trust   Other travable private foundation   Far market value of all assets at end of year   J. Accounting method:			<del></del> _			2 Foreign organizations me	eeting the 85% test,
Section 4947(a)(1) nonexempt charable trust	H	Chec			M	1	_
Farmarket value of all assets at end of year   Accounting method:   X   Cash   Accounting feet   Accounting method:   Accounting meth		_			lation	1	
Contributions girts grants and wages   Contributions girts grants and wages   Contributions, grits grants and grants   Contributions, grits, grants   Contributions   Contributions, grits, grants   Contributions   Contributions, grits, grants   Contributions   Contributions, grits, grants   Contributions   Contribu	Ī F	air m	arket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	1	
Part iii   Those of a monutes noticent bit of (s) may not necessary equal the amounts of collection (s) (may not necessary equal the amounts of collection (s) (may not necessary) equal the amounts of collection (may not	(f	rom .					
The lotal of amounts in columns (b), claim (gi may not included by a process of the columns of t				mn (d) must be on cash bas	IS.)		
The translation is not required to attach Sch 8 Interests or awaying and temporary cash, investments 3 Interests or awaying and temporary cash, investments 4 Dividends and interest from securities 5 Gross reints 4 Dividends and interest from securities 5 Gross reints 5 Gross reints 5 Gross reints 6 Net rempt income or decel 2, 93.33, 0.47. 7 Capital gan not income them Part IV, line 2) 8 Net short-term capital gain 9 Income modifications (cross active laces are turns of the part IV, line 2) 8 Net short-term capital gain 9 Income modifications (cross active laces are turns of the part IV, line 2) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Į <u>.P.</u>	art}	The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
A Dividends and interest from securities  4 Dividends and interest from securities  5 a Gross zerols  b Net regar or foss) from sale of assets not on line 10  9 assets on limit 6a  1 Capital gain net income (Poss)  8 Net short-term capital gain  9 Income modifications  10a and allowances  1 Capital gain net income (Foss)  10 Total truncing  1 Compensation of officers, directors, fusities, etc.  1 Other employee salaries and wages  1 Pension plans, employee benefits  1 Pension plans, employee benefits  1 Total Ladd lines 1 through 11  1 Acades 3 Acades STMT 2  2 36,032. 33,282. 2,750.  1 Interest  1 Travel, conferences, and meetings  2 Printing and publications  2 Occupancy  2 Travel, conferences, and meetings  2 Printing and publications  2 Compenses Add lines 3 through 23  2 Conferences, and meetings  2 Total expenses and disbursements.  Add lines 24 and 25  2 Subtract line 26 from line 12  a Excess of revenue wow expenses and disbursements  b Ni investment income of frequence, enter -0-)  1 Loads of revenue wow expenses and disbursements  b Ni investment income of frequence, enter -0-)  1 Loads of revenue wow expenses and disbursements  b Ni investment income of frequence, enter -0-)  C Adjusted net income of requence, enter -0-)  N/A		1	Contributions, gifts, grants, etc., received	1,177,428.		N/A	HARAGE HARAGE
A Dividends and interest from securities  5a Cross rents  Net emplatecome or (loss)  Net sinch-term capital gain  Income modifications  Occase author loss or funds  Income modifications  Total Add lines of through 11  Compression of ordinary incomes  Accounting fees  Other professional fees  STMT 2  Other employee salaries and wages  Accounting fees  Other professional design of the funds of the		2			PERTENDING		
Sa Gross rents   Data   National Income or gooss   Data   Sample		3	Interest on savings and temporary cash investments				
b Net remail Income or (loss)  6 Net gam or (sees) from sale of assets not on line 10  b dress aldes price for all 2,933,047.  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a and allowness  b Less Cost of oppode sold  c Gross print or (loss)  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, stustees, etc  14 Other employee scalaries and wages  15 Pension plans, employee benefits  16 Legal fees  b Accounting fees  c Other professional fees  STMT 2  36,032. 33,282. 2,750.  17 Interest  18 Taxes  STMT 3  6,635. 2,135. 0.  Oppreciation and depletion  Occupancy  17 Travel, conferences, and meetings  22 Printing and publications  30 Other expenses  24 Total operating and administrative expenses and disbursements. Add lines 24 and 25.  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements. Net investment income (in fispative, enter-0-)  5 Adjusted net income (in fispative, enter-0-)  6 Adjusted net income (in fispative, enter-0-)  7 Capital fire 25 (from line 12)  8 Contributions (in the fispative, enter-0-)  8 CONTRIBUTION (in the fispative, enter-0-)  9 Contributions (in the fispative, enter-0-)  10 Contributions (in the fispative, enter-0-)  11 Contributions (in the fispative, enter-0-)  12 Contributions (in the fispative, enter-0-)  13 Contributions (in the fispative, enter-0-)  14 Contributions (in the fispative, enter-0-)  15 Contributions (in the fispative, enter-0-)  16 Contributions (in the fispative, enter-0-)  17 Contributions (in the fispative, enter-0-)  18 Contributions (in the fispative, enter-0-)  19 Contributions (in the fispative, enter-0		4	Dividends and interest from securities	190,393.	190,393.		STATEMENT 1
See Not game of costs from sale of assets and on time 10 2, 933, 047. 7 Capital gam net income from Part IV, inc. 2) 8 Net short-term capital gam 9 Income modifications 10a Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of offices, directors, justices, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 2 COther professional fees 3 STMT 2 3 Google salaries and wages 16 Persion plans, employee benefits 18 Taxes 2 Other representation and depletion 2 Occupancy 2 Travel, conferences, and meetings 2 Persion gand publications 2 Other expenses 2 Other expenses 3 Other expenses 3 Other expenses 4 Contributions, gifts, grants paid 2 Contributions, gifts, grants paid 2 Subtract line 26 from line 12 3 Excess of revenue over expenses and disbursements, Add lines 24 and 25 3 N/A  N/A  N/A  N/A  N/A  N/A		Ι.		Transis and Clause, Jessey, a few days	tel. I column cubble alexactor Charles (4.9	AT THE ME A MUNICIPAL PROPERTY AND THE	
b Gross pales price for all 2, 933, 047.  To apital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross print or (foss) 11 Other income 12 Total: Add lines 1 through 11 13 Compensation of offices, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 9 Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel; conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12 8 ECENTIFICATION 16 (Adjusted net income (if regative, enter-0-) 26 Adjusted net income (if regative, enter-0-) 26 Adjusted net income (if regative, enter-0-) 27 Subtract line 26 from line 12 3 Excess of revenue over expenses and disbursements b Net investment income (if regative, enter-0-) 28 Adjusted net income (if regative, enter-0-) 29 Adjusted net income (if regative, enter-0-) 20 Adjusted net income (if regative, enter-0-) 20 Adjusted net income (if regative, enter-0-) 20 Adjusted net income (if regative, enter-0-) 21 Adjusted net income (if regative, enter-0-) 22 Adjusted net income (if regative, enter-0-) 23 Adjusted net income (if regative, enter-0-) 24 Adjusted net income (if regative, enter-0-) 25 Adjusted net income (if regative, enter-0-) 26 Adjusted net income (if regative, enter-0-) 22 Adjusted net income (if regative, enter-0-) 23 Adjusted net income (if regative, enter-0-) 24 Adjusted net income (if regative, enter-0-) 25 Adjusted net income (if regative, enter-0-) 26 Adjusted net income (if regative, enter-0-)		ł .	1	167 207			APPENDING COMPANIES OF A
8 Net sond-rem capital gain 9 Income modifications 10a and allowences  b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, atc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees c other professional fees c other professional fees c Other professional fees 17 Interest 18 Taxes STMT 3 6,635. 2,135. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, grifs, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter-0-) c Adjusted net income (if negative, enter-0-)	e	08	Gross sales price for all 2 022 017	Francis Carlos Selected and Second State	The state of the s		38. 200 800 - (4. 200 - 2. 200
8 Net sond-rem capital gain 9 Income modifications 10a and allowences  b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, atc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees c other professional fees c other professional fees c Other professional fees 17 Interest 18 Taxes STMT 3 6,635. 2,135. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, grifs, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter-0-) c Adjusted net income (if negative, enter-0-)	Ven	,		AND THE COMMENTAGE OF THE PROPERTY OF THE PROP	167 207		ECHVED SEED
Income modifications   Income modifications   Income modifications   Income modifications   Income	æ	Ι.		BULL AND	Station out the serie	ECC103 1 49, 2, 8, 1011 1215, 42, 15, 1	
10a and disvances b Less Cest of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directore, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees		9	, <del>,</del>			1.1	8
b Less Cost of goods sold c Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  13 Compensation of officers, directors, frustees, atc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees C Other professional fees C Other professional fees STMT 2 36,032. 33,282. 2,750.  17 Interest 18 Taxes STMT 3 6,635. 2,135. 0.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted in income (if negative, enter -0-)		10a	Gross sales less returns				1AY 2 0 2019
11 Other income 12 Total. Add lines 1 through 11 1	-	Ι.			CONTRACTOR OF THE STATE OF THE	estation is the	<b>紧贴。张明·邓明·邓</b> 国东
12   Total. Add lines 1 through 11   1,535,028   357,600		0	Gross profit or (loss)		light der et bestelbeite		COENEUTED
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 2 Cother professional fees 2 Cother professional fees 3 Cother professional fees 3 Cother professional fees 4 Cother professional fees 5 STMT 2 10 Interest 11 Taxes 12 Depreciation and depletion 13 Occupancy 14 Travel, conferences, and meetings 15 Pension plans, employee benefits 16 Legal fees 2 Cother professional fees 3 STMT 2 10 Interest 11 Taxes 12 Depreciation and depletion 13 Occupancy 14 Travel, conferences, and meetings 15 Pension plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 19 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 26 Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 26 N/A 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 26 Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 26 N/A 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 26 N/A 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Total expenses 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 Depreciation and depletion and depletion and depletion and depletion and depletion and depletion		11					THE SPIECE STATE OF THE SPIECE STATE STATE STATE STATE STATE STATE STATE STATE STATE S
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees Takes 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)						·	
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees STMT 2 36,032. 33,282. 2,750.  17 Interest 18 Taxes STMT 3 6,635. 2,135. 0.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 42,667. 35,417. 2,750.  25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 266,667. 35,417. 226,750.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				<u>U.</u>	J		<u> </u>
16a Legal fees b Accounting fees c Other professional fees STMT 2 36,032. 33,282. 2,750.  17 Interest 18 Taxes STMT 3 6,635. 2,135. 0.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 42,667. 35,417. 2,750.  25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 266,667. 35,417. 226,750.  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			. ,			<del></del>	<del></del>
C Other professional fees STMT 2 36,032. 33,282. 2,750.  Interest  R Taxes STMT 3 6,635. 2,135. 0.  Depreciation and depletion  Cocupancy  I Travel, conferences, and meetings  Printing and publications  Octupancy  Total operating and administrative expenses Add lines 13 through 23  Contributions, gifts, grants paid  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	es						
C Other professional fees STMT 2 36,032. 33,282. 2,750.  Interest  R Taxes STMT 3 6,635. 2,135. 0.  Depreciation and depletion  Cocupancy  I Travel, conferences, and meetings  Printing and publications  Octupancy  Total operating and administrative expenses Add lines 13 through 23  Contributions, gifts, grants paid  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	ens	l.	_	,	<u> </u>		
Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)	_		i	36,032.	33,282.	<u></u>	2,750.
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ve					i	
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	rati	18	Taxes STMT 3	6,635.	2,135.		0.
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	nist	19	Depreciation and depletion				的結構對於的推翻
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ë	20	•				
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ψþ						<u> </u>
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Jan						
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ting		-	[			
25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	era	24	•	42 667	35 417		2 750
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	o	25				idula phianalaith	224.000.
Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			, ,		A HARMAN AND AND AND AND AND AND AND AND AND A	AND THE PERSON OF THE PERSON O	
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				266,667.	35,417.		226,750.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		27	<del></del>				
c Adjusted net income (if negative, enter -0-)		a	Excess of revenue over expenses and disbursements	1,268,361.			的情况,就特别
				HIP CHIEF WEET ME	322,183.	POTENTIAL PROPERTY OF	
		_		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			PERSONAL PROPERTY OF THE PERSON NAMED AND PERSON NAMED AN

HCGJR\_

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	f year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,085,302.	1,183,737.	1,183,737.
	2	Savings and temporary cash investments			
	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			
- 1	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	l	Inventories for sale or use		<del></del>	
Assets		Prepaid expenses and deferred charges			
`		Investments - U.S. and state government obligations	1 600 700	- 5 6 4 6 4 5	<u> </u>
		Investments - corporate stock STMT 5	1,609,799.	5,046,645.	5,005,395.
	Ι	Investments - corporate bonds STMT 6	2,123,014.	876,019.	877,195.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	l .	Investments - mortgage loans Investments - other STMT 7	898,185.	252,301.	206,107.
	13		030,103.	454,301.	200,107.
	14	Land, buildings, and equipment; basis			
	15	Less accumulated depreciation Other assets (describe >			
		Total assets (to be completed by all filers - see the			<del></del>
	'0	Instructions. Also, see page 1, item I)	6,716,300.	7,358,702.	7,272,434.
-	17	Accounts payable and accrued expenses	0,720,3001	- ,,330,,702.	7,2,2,131
	l	Grants payable		-	
ເກ	19	Deferred revenue			i
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
3bii	21	Mortgages and other notes payable		<del></del>	
Ë	l	Other liabilities (describe >			<u></u>
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.		_ (	
ţ	l	Capital stock, trust principal, or current funds	0.	0.	
SSe		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ťΑ		Retained earnings, accumulated income, endowment, or other funds	6,716,300.	7,358,702.	
ž	30	Total net assets or fund balances	6,716,300.	7,358,702.	<del></del>
		Table 1. A Wales and a Associate House Associate	6,716,300.	7,358,702.	
_	31	Total liabilities and net assets/fund balances		7,330,702.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
		t agree with end-of-year figure reported on prior year's return)	50	[1]	6,716,300.
		amount from Part I, line 27a		2	1,268,361.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	7,984,661.
		eases not included in line 2 (itemize)	SEE STA	TEMENT 4 5	625,959.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	7,358,702.
-					Form 990-PF (2018)

Part IV Capital Gains an	d Losses for Tax on I	nvestmen	t Income						
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co )			( <b>ရာ</b>	How a - Purc - Don	quired hase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a				<u> </u>					
	STATEMENT			Ĺ_			<del></del>		
<u>c</u>				├					<del>-</del>
d e				├					
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis					iain or (loss s (f) minus (				
a									
<u>b</u>									
C									
e 2,933,047.		<u> </u>	2,765,84	$\frac{1}{n}$					167,207.
e 2,933,047.	ain in column (h) and owned by						Gaine (C	Col. (h) gain	
Complete only for assets showing g	(j) Adjusted basis	T	cess of col. (I)	⊣		col	(k), but i	Col (h) gain not less thai	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any	[			Losses	(from col. (	h))
a	<del> </del>								······································
b									
C									
d									
<u>e</u>		L <u>.</u>							167,207.
2 Capital gain net income or (net capital	If gain, also ente $f(s) = \int_{-\infty}^{\infty} f(s)  ds$			}	2				167,207.
3 Net short-term capital gain or (loss) a	as defined in sections 1222(5) ar	nd (6).							
if gain, also enter in Part I, line 8, coli	umn (c).			1				27 / 2	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Und	ler Section 4940(e) for	. Doducod	Toy on Not	1	3	ont Inc		N/A	<del></del>
Was the foundation liable for the section if "Yes," the foundation doesn't qualify up	nder section 4940(e). Do not cor	mplete this par	t					<u>.</u>	Yes X No
1 Enter the appropriate amount in each	<del></del>	nstructions be	fore making any ei		<u> </u>		т		(4)
Base period years Calendar year (or tax year beginning i			Net value of no					Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2017		9,000. 6,500.				9,289. 9,302.			.024495
2016		4,500.				$\frac{9,302}{5,149}$			.009706
2015		0,500.				$\frac{3,143}{0,061}$			.014480
2013		1,000.				9,263			.060989
									<del></del>
2 Total of line 1, column (d)							2		.137718
3 Average distribution ratio for the 5-ye the foundation has been in existence		on line 2 by 5.0	), or by the numbe	er of y	ears		3		.027544
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4		7,201,799.				
5 Multiply line 4 by line 3			5		198,366.				
					3,222.				
6 Enter 1% of net investment income (	1% 01 Part I, line 2/b}						6_		
7 Add lines 5 and 6							7		201,588.
8 Enter qualifying distributions from Pa	•						8		226,750.
If line 8 is equal to or greater than line See the Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 19	6 tax r	ate.			
823521 12-11-18	<del></del>							F	orm <b>990-PF</b> (2018

CONTINUATION FOR 990-PF, PART IV HCG, JR FAMILY FOUNDATION 26-3694769 PAGE OF 1 Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co (mo., day, yr) (mo., day, yr.) ta CTC 4013 b CTC 4013 c ALLY FINANCIAL INC SENIOR UNSECURED NOTE 08/11/1111/30/18 d DODGE & COX BALANCED FUND #146 11/30/18 e FORD MOTOR COMPANY SENIOR UNSECURED NOTE 01/12/1009/14/18 INATIXIS LOOMIS SAYLES STRATEGIC INCOME FUND 02/23/18 q NATIXIS LOOMIS SAYLES STRATEGIC INCOME 10/03/18 h NATIXIS LOOMIS SAYLES STRATEGIC INCOME FUND 12/17/18 01/01/1608/01/18 , FS INVESTMENTS CORPORATION II 01/01/1610/01/18 FS INVESTMENTS CORPORATION II k CAPITAL GAINS DIVIDENDS m Π 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 438,787 497,614. -58,827. -45,149.852,948. 898,097. b 19,976. 114,879. 94,903. C 85,509. 142,150. 56,641. d 147,862. 21,926. 169,788. е 139,827. 138,198. 1,629. 25,011. 23,964. 1,047. 978,843. 832,034. 146,809. 28,152. 23,135. -5,017. 19,507. 15,842. -3,665. 31,837 31,837. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any -58,827. -45,149. b 19,976. C 56,641. d 21,926. е 1,629. 1,047. 146,809. -5,017. -3,665. 31,837. m n 0 If gain, also enter in Part I, line 7 167,207. If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2

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

N/A

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

Form 990-PF (2018) HCG, JR FAMILY FOUNDATION	040/0\ 4	040/5\ 4	040/5\ == 4		369476		Page 4
Part VII Excise Tax Based on Investment Income (Section 4			940(e), or 4	948	- see ins	tructio	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here			}	1.25			
Date of ruling or determination letter:			ons)				
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▶</b> L <b>X</b> a	ind enter 1%	P	1		3,2	222.
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter			(b). ノ				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	; others, ent	er -0-)		2	'		<u> </u>
3 Add lines 1 and 2				3		3,2	222.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	/; others, ent	ter -0-)		4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5		3,2	222.
6 Credits/Payments:							
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a		4,584.				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b		0.				
c Tax paid with application for extension of time to file (Form 8868)	6c		0.	aw.			
d Backup withholding erroneously withheld	6d		0.				i de la
7 Total credits and payments. Add lines 6a through 6d	1 •			7	,	4,5	84.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	ittached			8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	<b>&gt;</b>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<b>&gt;</b>	10		_ 1,3	62.
11 Enter the amount of line 10 to be; Credited to 2019 estimated tax	1	L <u>,</u> 362.	Refunded <b>▶</b> 1	_11			0.
Part VII-A Statements Regarding Activities							
1a During the tax year, did the foundation attempt to influence any national, state, or local le	gislation or i	did it particip	ate or intervene	ın	u in	¥ Yes	No
any political campaign?	•				1	a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur-	poses? See	the instructio	ns for the defin	tion	1	b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	s of any ma	terials publis	hed or				
distributed by the foundation in connection with the activities.					223		
c Did the foundation file Form 1120-POL for this year?					1	С	λX
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year: :				200	复艺统	
(1) On the foundation. ▶ \$ 0 • (2) On foundation manag	ers. 🕨 💲		0.	•			
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	nditure tax ii	mposed on fo	oundation				
managers. > \$ 0.	-						
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?				_ 2	<u>!</u>	X
If "Yes," attach a detailed description of the activities.						HAN	(C)
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ig instrumen	it, articles of	incorporation, o	r	21.4		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3	<u> </u>	, <b>X</b>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	/ear? -				_4	<u>a</u>	X
b If "Yes," has it filed a tax return on Form 990-T for this year?			•	N	/A 4	<u>ь .                                    </u>	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?				_ 5	<u>:                                      </u>	X
If "Yes," attach the statement required by General Instruction T	ı			•			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	i either:						
<ul> <li>By language in the governing instrument, or</li> </ul>				•			
By state legislation that effectively amends the governing instrument so that no manda	tory directio	ns that confli	ct with the state	law	2,00		
· remain in the governing instrument?					<u> </u>		<u> </u>
,7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," coi	mplete Part I	II, col. (c), an	d Part XV		7	X	
•			•		18.0°C	数数 [2 数 数 3 元 数 数 3 元 元	
8a Enter the states to which the foundation reports or with which it is registered. See instruc	tions.				310		Fire I
MO	_		· · · · · · · · · · · · · · · · · · ·		25375 25375 25375	xev	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney G	eneral (or de:	signate)				
of each state as required by General Instruction G? If "No," attach explanation					81	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of	section 494	2(j)(3) or 494	12(j)(5) for cale:	ndar	ACRES ACRES		国語つ
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," co					9		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scho			addresses		10	)	X
					Form 9	90-PF	(2018)

	19301 (colo) Inco, ok Panilla Poundation 20 303.	<u> </u>		raye .
<u> K</u>	art VII-A Statements Regarding Activities (continued)	Rest C	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	120300000		1.00
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<u> </u>		
	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► COMMERCE TRUST COMPANY  Telephone no. ► (314)	746	-36	25
	Located at ▶ 8000 FORSYTH BLVD, CLAYTON, MO ZIP+4 ▶63	3105		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X.
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	Cin.		Market Barrier
	foreign country			
Pa	art:VIIFB Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	200	212	
	a disqualified person?		K SE	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			<b>*</b>
	(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)?	型權		
	(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			L.
	termination of government service, if terminating within 90 days.)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		المنققة	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	A 1800 L	A -P2 47%
	Organizations relying on a current notice regarding disaster assistance, check here			
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	1EIL	in de	
	before the first day of the tax year beginning in 2018?	1c	Ragio Spele	X Bakkûkari
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)):		13 (5 A) 18 (2 A)	
8	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?  Yes X No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
ū	Are there any years listed in 2a for which the foundation is <b>not</b> 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			
		2b		Y MILL
,	statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	7535552	35046	3545. PKg
Ü	In the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	323		
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
30	during the year?			
	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
U	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 2018.)  N/A	3b		A
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	172	13.5.87	Pirks
٠	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	A PROPERTY.	X
		OOC	, DE	

823541 12-11-18

Part VII-B	Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)		
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	n 4945(e))?	Y	es 🗶 No		
(2) Influen	ice the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			`	] .
any vo	ter registration drive?			es 🛣 No	•	
(3) Provide	e a grant to an individual for travel, study, or other similar purpose	s?	Y	es X No		
(4) Provide	e a grant to an organization other than a charitable, etc., organization	on described in section		[		[ ]
4945(0	f)(4)(A)? See instructions		Y	es 🗶 No		
(5) Provide	e for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		İ	İ	1 1
the pre	vention of cruelty to children or animals?		Y	es 🛣 No	-	
<b>b</b> If any answ	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations	1.		
section 53.4	4945 or in a current notice regarding disaster assistance? See insti	ructions		N/A	5b	
Organizatio	ns relying on a current notice regarding disaster assistance, check	here		▶□ [		· 1
c If the answe	er is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	uned			.
expenditure	responsibility for the grant?	Ŋ	N/A 🔲 y	es 🔲 No		], }
If "Yes," atta	ich the statement required by Regulations section 53.4945-5(d).			1		
6a Did the four	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on		J		
a personal t	penefit contract?		Y	es 🗓 No		<u> </u>
<b>b</b> Did the four	ndation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		]	6b	X
If "Yes" to 6	b, file Form 8870.					$\Box$
7a At any time	during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗓 No		
b If "Yes," did	the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
8 Is the found	lation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration o	r			
excess para	chute payment(s) during the year?		Y	es 🗶 No	1	.
Part VIII	Information About Officers, Directors, Trust	tees, Foundation Ma	anagers, Highly	y		
	Paid Employees, and Contractors					
1 List all office	ers, directors, trustees, and foundation managers and		T A		<del>,</del> -	
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ext	ense Lother
	(a) Name and address	to position	enter -0-)	and deterred compensation	allowa	nces
	W GRIESDIECK	PRESIDENT			j	
	SHIRE HILL	]	_			
	S, MO 63141	0.00	0.	0.		0.
	GRIESDIECK	SECRETARY	i			
47 CLERM						_
	S, MO 63124	0.00	0.	0.		0.
	GRIESEDIECK	TREASURER				
	SHIRE HILL	1		_	l	_
ST. LOUI	S, MO 63141	0.00	0.	0.		0.
		]	1			
·		]				
		<u> </u>	<u> </u>			
2 Compensat	ion of five highest-paid employees (other than those inc		enter "NONE."	(d) Contribution		
(a) Nam	e and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	, other
		devoted to position	ļ · · · · · · · · · · · · · · · · · · ·	compensation	allowa	nces
NC	DNE	,				
<del></del>		ļ	<b> </b>			
		1				
		ļ	<b> </b>			
		]				
<u> </u>						
		l	<u> </u>			
Total number of	other employees paid over \$50,000			<u> </u>		0
				Form	990-PF	(2018)

	<u>-3694</u>	769 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	-	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	-	
	j	
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 relevant statistical information such as the	т	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ì	Expenses
1 N/A		
	]	
	<del> </del>	
2	-	
	┥	
3		<del></del>
	]	
	<del></del>	
4	4	
	1	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A	4	
	4	
2	<del>                                     </del>	
	1	
	<u> </u>	
All other program-related investments. See instructions		
3	┥	
	1	
	1	
	]	
	<del> </del>	
Total. Add lines 1 through 3	Fore	0 · 1 <b>990-PF</b> (2018)
	FUIII	1990-LI (5010)

Part X Minimum Investment Return (All domestic foundations must complete this part. For	eign foundations, s	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	6,510,288.
<b>b</b> Average of monthly cash balances	1b	6,510,288. 801,183.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	7,311,471.
e Reduction claimed for blockage or other factors reported on lines 1a and		•
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	7,311,471.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	109,672.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,201,799.
6 Minimum investment return. Enter 5% of line 5	6	360,090.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found foreign organizations, check here and do not complete this part.)	dations and certain	
1 Minimum investment return from Part X, line 6		360,090.
	222.	<del></del>
b Income tax for 2018 (This does not include the tax from Part VI.)  2b		
c Add lines 2a and 2b	2c	3,222.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	356,868.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	356,868.
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	356,868.
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	226,750.
b Program-related investments - total from Part IX-B	1b	0.
	2	
<ul> <li>Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes</li> <li>Amounts set aside for specific charitable projects that satisfy the:</li> </ul>		<del></del>
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	<del></del>
	4	226,750.
<ul> <li>Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4</li> <li>Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment</li> </ul>	<del>                                     </del>	220,7300
income. Enter 1% of Part I, line 27b	5	3 222.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,222. 223,528.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ــــــــــــــــــــــــــــــــــــــ	
4940(e) reduction of tax in those years.		

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	······································			
line 7				356,868.
2 Undistributed income, If any, as of the end of 2018				
a Enter amount for 2017 only			22 <u>,</u> 760.	
b Total for prior years.		_		
,,		0.		
3 Excess distributions carryover, if any, to 2018;				
a From 2013				
<b>b</b> From 2014				
c From 2015				
d From 2016				
e From 2017		··· —-		
f Total of lines 3a through e	0.			· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 226,750.			22,760.	
a Applied to 2017, but not more than line 2a			22,700.	<del></del>
b Applied to undistributed income of prior		o.		
years (Election required - see instructions) c Treated as distributions out of corpus	<del></del>			
(Election required - see instructions)	0.			•
d Applied to 2018 distributable amount			<del></del>	203,990.
e Remaining amount distributed out of corpus	0.			200,000
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<del></del>
6 Enter the net total of each column as indicated below:			į	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				150 070
be distributed in 2019			<del></del>	152,878.
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 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	0.		[	
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				
				Form <b>QQQ_DF</b> (2018)

	FAMILY FOU				694769 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2018, enter the date of	the ruling	▶		
b Check box to indicate whether the foun-	dation is a private operati	ng foundation described	in section	4942(j)(3) or4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for		† · · · · · · · · · · · · · · · · · · ·			
each year listed					
b 85% of line 2a		<del></del>	<del> </del>	<del>                                     </del>	
c Qualifying distributions from Part XII,				<del>                                     </del>	<del>                                     </del>
line 4 for each year listed		]			
d Amounts included in line 2c not	<del></del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>
used directly for active conduct of	J	]	J		
•		1			
exempt activities	<del></del>	<del></del>	<del> </del>	<del> /</del>	<del> </del>
e Qualifying distributions made directly			ĺ ,	1	
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		ļ <u></u> -		<u> </u>	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			/	<u></u>	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter		<del></del>	<u>//</u>	<del> </del>	<del> </del>
2/3 of minimum investment return		· /	Ϊ		
shown in Part X, line 6 for each year					
listed	<u> </u>			ļ	<del></del>
c "Support" alternative test - enter:					
(1) Total support other than gross					1
investment income (interest, dividends, rents, payments on					Ì
securities loans (section			1		
512(a)(5)), or royalties)	L			<u> </u>	<u> </u>
(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					T
an exempt organization		ļ	J		J
(4) Gross investment income	<del></del>				
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	iore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 8					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater interes	st			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🛣 if the foundation o				not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	per or email address of th	e person to whom applic	ations should be addres	sed:	
2,					
b The form in which applications should b	e submitted and informat	tion and materials they sh	iould include:	·	
c Any submission deadlines.	<del></del>				
d Any controlions or limitations on a second	auch ac hu accasat as	l argan showtable field-	kinda of institutions	other factors:	
d Any restrictions or limitations on awards	, such as by geographica	n arcas, charllable licios,	AIIIOS OI IIISAILULIONS, OF (	omer identis;	

Form **990-PF** (2018)

3 Grants and Contributions Paid During the	. <del>,</del>	<del></del>		
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		
GRACE TO YOU		₽C	GENERAL OPERATING	
PO BOX 4000		1	SUPPORT	
PANORAMA CITY, CA 91412		ļ	<del> </del>	1,00
LEADING THE WAY		₽C	GENERAL OPERATING	
PO BOX 20100		J	SUPPORT	
ATLANTA, GA 30325	_		<del></del>	2,00
LIGONIER MINISTRIES INC.		₽C	GENERAL OPERATING	
421 LIGONIER COURT			SUPPORT	
SANFORD, FL 32771			<del> </del>	2,00
	To the state of th			
MISSOURI FAMILY POLICY COUNCIL		PC	GENERAL OPERATING	
1430 TRIAD CENTER DR. STE B		ł	SUPPORT	
ET. PETERS, MO 63376 PCA REFORMED UNIVERSITY FELLOWSHIP	<del> </del>	PC	TWITTED CITY OF	2,00
		PC	UNIVERSITY OF MISSOURI-COLUMBIA	
1700 N. BROWN RD, STE 104			CAMPUS MINISTRY	
LAWRENCEVILLE, GA 30043			UNIVERSITY OF	
			PITTSBURGH (PA) CAMPUS	3,00
PROMISE CHRISTIAN ACADEMY		PC	GENERAL OPERATING	
13250 S OUTER 40 RD.		1	SUPPORT	
CHESTERFIELD, MO 63017	<u> </u>			134,00
SUNSHINE MINISTRIES INC.		PC	GENERAL OPERATING	
1315 HOWARD ST.			SUPPORT	
ST LOUIS, MO 63106		<u> </u>		2,00
THE BACKSTOPPERS INC.		₽C	GENERAL OPERATING	
10411 CLAYTON RD, STE A5			SUPPORT	
ST LOUIS, MO 63131				1,00
			COVERN CONTRACTOR	
THE CONSTITUTIONAL COALITION		PC	GENERAL OPERATING	
PO BOX 37054			SUPPORT	10.00
ST LOUIS, MO 63141				10,00
NIDNING DOINT POP COD		₽C	GENERAL OPERATING	
FURNING POINT FOR GOD			SUPPORT	
PO BOX 3838		1	POLEOKI	1 00
Total from continuation sheets	<u> </u>	L	-L	1,00 158,00

Part XVI-A	Analysis of Income-Producing Activities
------------	---

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	-	<del> </del>	<del>                                     </del>	<del></del>	<del> </del>
			├		
· ————————————————————————————————————			├─-		
<u> </u>			-	ļ	<del></del>
d		<del> </del>	├		<del></del>
e		ļ	<del> </del>	ļ	
f			<del></del>	ļ	<del></del>
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments				<del></del>	
3 Interest on savings and temporary cash	l	}			
investments					
4 Dividends and interest from securities			14	190,393.	
5 Net rental income or (loss) from real estate:	1	x H		- *	N 44
a Debt-financed property				<del></del>	<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal	<del></del>		<del> </del> -		<u> </u>
property					
	<u> </u>				
7 Other investment income	ļ				
8 Gain or (loss) from sales of assets other			10	167 007	
than inventory			18	167,207.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		,			
a		 			
b			_		
С					
d					
e				<del></del>	<del></del>
12 Subtotal Add columns (b), (d), and (e)		0.		357,600.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	357,600.
(See worksheet in line 13 instructions to verify calculations.)				· <b>~</b>	
					<del></del>
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	na is reported	in column (a) of Part Y\/I-A	contrib	uited importantly to the accord	anlichment of
the foundation's exempt purposes (other than b			COMBIL	rated importantly to the accom	iphoninent of
w indicated a system property (since that s	, p. 0	ndo to: bron pripotto,			
					<del></del>
				<del></del>	
		<u></u>		<del></del>	
		······			
				<del></del>	
					<del></del>
	<del></del>			<del> </del>	<del></del>
		<del> </del>		<del></del>	
				_ <del></del>	
823621 12-11-18		4.0			Form <b>990-PF</b> (2018)

		JR FAMILY F	OUNDATION	26-3	3 <b>694769</b> Pag	ge <b>13</b>
Part X			rs to and Transactions ar	nd Relationships With Non-	charitable	
	Exempt Orga	<del></del>			152	
			e following with any other organizatio	n described in section 501(c)	Yes	No
			7, relating to political organizations?			1
	sfers from the reporting found	dation to a noncharitable e	xempt organization of:			
	Cash				1a(1)	X
	Other assets				1a(2)	X
	r transactions;	able average areas and			45.43	·v
	Sales of assets to a noncharit	· -			1b(1)	X
٠,	Purchases of assets from a ne Rental of facilities, equipment		izanon		1b(2) 1b(3)	$\frac{\Lambda}{X}$
	Reimbursement arrangement				16(4)	$\frac{x}{x}$
	Loans or loan guarantees	3			1b(5)	X
	Performance of services or m	embershin or fundraisinn	solicitations		16(6)	X
٠,	ing of facilities, equipment, m	•			10	X
		· ·	•	ays show the fair market value of the go	——————————————————————————————————————	
	-			e in any transaction or sharing arrangem		
colur	mn ( <b>d</b> ) the value of the goods	, other assets, or services i	received.			
(a)Line no	(b) Amount involved	(c) Name of none	charitable exempt organization	(d) Description of transfers, transaction	s, and sharing arrangemen	ts
			N/A			
		<u> </u>		<u> </u>	<del></del>	
	<u> </u>	<u> </u>				
		ļ		<u> </u>		
	ļ <u> </u>	<del> </del>		<u> </u>	<del></del>	
				<del> </del>		
		<del>                                     </del>		<del> </del>	<del></del>	
	<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	<u> </u>	<del> </del>		<del>                                     </del>		
	<del> </del>	<del></del>		<del> </del>		
	<del> </del>	<del> </del>		<del> </del>		
	<del> </del>	<del> </del>		<del></del>	· ·	
<del></del> ,				<del></del>		
		<del> </del>				
	e foundation directly or indirection 501(c) (other than section		d to, one or more tax-exempt organiza	ations described	Yes X	No
	s," complete the following sch					
	(a) Name of or	ganization	(b) Type of organization	(c) Description of rela	tionship	
	N/A					
					·	
		<del></del>				
		<del></del>				
				totomente and to the heat of my beaulades		
Sign Here	Signature of officer or truster	emplete Declaration of preparer	(other than taxpayer) is based on all information of the state of the	latements, and to the best of my knowledge titon of which preparer has any knowledge  PRESIDENT  Title	May the IRS discuss the return with the preparer shown below? See instruction X Yes	r No
	Print/Type preparer's n				TIN	
Paid		all.	11 / Jam	self- employed	P00024534	
Prepar	THOMAS W E			05/06/2019     Firm's EIN ► 48		
Use O		MERCE TRUST	COMPANY	Firm's EIN P 40	-0302020	

Phone no. 314-746-7329 Form **990-PF** (2018)

Firm's address ▶ PO BOX 11356

CLAYTON, MO 63105

## Schedule B

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization **Employer identification number** JR FAMILY FOUNDATION 26-3694769 Organization type (check one) Filers of: Section: Form 990 or 990-EZ J 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

HCG, JR FAMILY FOUNDATION	HCG,	JR	FAMILY	FOUNDATIO
---------------------------	------	----	--------	-----------

26-3694769

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	il space is needed	, 3031,03
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN PULVERIZER COMPANY  1319 MACKLIND AVE  ST LOUIS, MO 63110	\$1,027,155.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HENRY C GRIESEDIECK, III  47 CLERMONT LANE  ST LOUIS, MO 63124	\$50,098.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PAUL H GRIESEDIECK  307 HAMPSHIRE HILL LANE  ST LOUIS, MO 63141	\$50,078.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARILYN W GRIESEDIECK  302 HAMPSHIRE HILL  ST LOUIS, MO 63141	\$50,097.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )

Name of organization

Employer identification number

## HCG, JR FAMILY FOUNDATION

26-3694769

art II No	ncash Property (see instructions) Use duplicate copies of Parl		6-3694769
		7,200,00000	<del></del>
(a) No.	(b)	(c)	(4)
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
7,5	564.29 SHARES OF VANGUARD TOTAL		<del></del>
1   ST	OCK MARKET INDEX FUND		
		<u> </u>	
		\$1,027,155.	. <u> </u>
			<u> </u>
(a) No.	4.3	(c)	(4)
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
447	7 SHARES OF MICROSOFT (MSFT)		
2		<del>-</del>	
		\$50,098.	12/03/18
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
	087 SHARES OF PFIZER INC (PFE)		<del> </del>
3 273	or trade (112)	<del></del>	
		<del></del>	}
		\$ 50,078.	12/03/18
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
	SHARES OF PROCTER & GAMBLE (PG)		<del> </del>
4   333		<del></del>	
		sssssss	12/03/18
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
<del></del>			<del>                                     </del>
		\$	
			<del> </del>
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions)	Date received
-			
		<del></del>	
—   —		-	
		<del>-</del>   \$	
53 11-08-18		<del></del>	n 990, 990-EZ, or 990-PF) (

Name of or	rganization		Employer identification number					
HCG,	JR FAMILY FOUNDATION		26-3694769					
Part III		<ul> <li>a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or les.</li> </ul>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
(a) No.	Ose duplicate copies of Part III II additiona	T space is needed						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ		(e) Transfer of gift	<u> </u>					
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<u> </u>	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
}	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
123454 11-08-	-18		Schedule B (Form 990, 990-FZ, or 990-PF) (2018)					

FORM 990-PF DI	VIDENDS	AND INTER	EST	FROM SECUR	ITIES	STATEMENT	1
	ROSS MOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
CTC 2	22,230.	31,83	7.	190,393.	190,39	93.	
TO PART I, LINE 4	22,230.	31,83	7.	190,393.	190,39	93.	
FORM 990-PF	OTI	HER PROFES	SION	AL FEES		STATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	NET MEN	(B) INVEST- T INCOME	(C) ADJUSTEI NET INCOM		
ÇTC	<del></del>	36,032.		33,282.		2,75	50.
TO FORM 990-PF, PG 1, I	N 16C	36,032.		33,282.		2,75	50.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- I INCOME	(C) ADJUSTEI NET INCOM		
TAX PAYMENTS - CTC FOREIGN TAX PAID		4,500. 2,135.		0. 2,135.			0.
TO FORM 990-PF, PG 1, I	N 18	6,635.		2,135.			0.
FORM 990-PF OTHER DE	CREASES	IN NET AS	SETS	OR FUND B.	ALANCES	STATEMENT	4
DESCRIPTION						AMOUNT	
UNREALIZED GAIN ON CONT	RIBUTED	SECURITIES	S			611,29	

FORM 990-PF COR	PORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		5,046,645.	5,005,395.
TOTAL TO FORM 990-PF, PART II, LINE	10B	5,046,645.	5,005,395.
FORM 990-PF CORI	PORATE BONDS		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		876,019.	877,195.
TOTAL TO FORM 990-PF, PART II, LINE	10C	876,019.	877,195.
FORM 990-PF OTHER	R INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FS INVESTMENTS	COST	252,301.	206,107.
TOTAL TO FORM 990-PF, PART II, LINE	13	252,301.	206,107.
	V - LINE 1A NDATION MANAGE	RS	STATEMENT 8

NAME OF MANAGER

HENRY C GRIESDIECK PAUL H GRIESEDIECK