Return of Private Foundation Form 950-P7 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. Department of the Treasury Internal Revenue Service

Fo	r cale	dar year 2019 or tax year beginning		, and ending		
N	ame o	foundation			A Employer identificatio	n number
	РОТ	THOFF FAMILY FOUNDATION	Ī	_	37-6474122	2
		and street (or PO box number if mail is not delivered to stree	Room/suite	B Telephone number		
	424	S WOODSMILL ROAD #325		325	314-336-05	560
		own, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is	pending, check here
		STERFIELD, MO 63017				
G	Check	all that apply: Initial return		rmer public charity	D 1. Foreign organization	is, check here
		Final return	Amended return		Foreign organizations m check here and attach c	eeting the 85% test.
_	01 1	Address change	Name change		1	
H	_	type of organization; X Section 501(c)(3) e.		04	E If private foundation sta	
<u> </u>		ction 4947(a)(1) nonexempt charitable trust Arket value of all assets at end of year J Account	Other taxable private founda	Accrual	under section 507(b)(1	
		· , , , , , , , , , , , , , , , , , , ,	ther (specify)	L Accidal	F If the foundation is in a under section 507(b)(1	, , , ,
	• ►\$	2,327,907. (Part I, colur	nn (d), must be on cash basi	s.)	under Section 307(b)(1)(b), check here
_	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	290,149.		N/A	
\mathfrak{L}	2	Check if the foundation is not required to attach Sch. B				,
POANNED	3	Interest on savings and temporary cash investments	5,223.	5,223.		STATEMENT 2
Z	4	Dividends and interest from securities	35,983.	35,983.		STATEMENT 3
f	5a	Gross rents				
\supset	b	Net rental income or (loss)	01 063			GM3 MD3/C37M 4
<u>ر</u>	ש 6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a 95,502.	<21,063.	<u> </u>	,	STATEMENT 1
SEP	7	assets on line 6a	<u> </u>	25,021.		
6	8 2	Net short-term capital gain			LOCCE	IVED I
4	9	Income modifications			KEGE	VIII)
2020	10a	Gross sales less returns			-	181
\cong	b	Less Cost of goods sold			8 MAY 2	2 2020
	C	Gross profit or (loss)			ا ا	
	11	Other income			OGDE	N, UI
_	12	Total Add lines 1 through 11	310,292.	66,227.		
_	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
20 8	15	Pension plans, employee benefits		 		
. ,	16a	Legal fees Accounting fees STMT 4	1,600.	0.		0.
= 5	<u> </u>	Accounting fees STMT 4 Other professional fees STMT 5	15,443.	15,443.		0.
_ u	17	Interest	13,443.	13,443.		0.
. •	18	Taxes			-	
	19	Depreciation and depletion				
Administrative Expens	20	Occupancy				
}	21	Travel, conferences, and meetings				
ָבָּר בְּיִבְּיהָ בַּיִּבְיהַ	22	Printing and publications				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	23	Other expenses				
į	24	Total operating and administrative	4.5.040	45 443		
r Dografing	5	expenses Add lines 13 through 23	17,043.	15,443.		169 000
Ī	25	Contributions, gifts, grants paid	168,000.			168,000.
	26	Total expenses and disbursements.	185,043.	15,443.		_ 168,000.
_	27	Add lines 24 and 25 Subtract line 26 from line 12:	105,043.	15,443.	,	100,000.
		Excess of revenue over expenses and disbursements	125,249.		1	
	1	Net investment income (if negative, enter -0-)		50,784.		
	1	Adjusted net income (if negative, enter -0-)			N/A	3

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

1 Total net assets or fund balances at beginning of year -	Part II, column (a), line 29		
(must agree with end-of-year figure reported on prior ye	ear's return)	1	1,258,95 <u>0</u> .
2 Enter amount from Part I, line 27a		2	125,249.
3 Other increases not included in line 2 (itemize)	<u></u>	3	0.
4 Add lines 1, 2, and 3		4	1,384,199.
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 r	minus line 5) - Part II, column (b), line 29	6	1,384,199.

See the Part VI instructions.

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

	1 990-PF (2019) POTTHOFF FAMILY FOUNDATION 37-647	4122	<u></u>	Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ JOHN HILLHOUSE Telephone no. ▶ 314-33	36-0	560	
	Located at ► 424 S WOODSMILL RD #325, CHESTERFIELD, MO ZIP+4 ►63			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, 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			
	foreign country		<u> </u>	,
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		[
	a disqualified person?			
	(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?	١,		
	(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)?		١.	Ì
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	,		. 1
	if the foundation agreed to make a grant to or to employ the official for a period after	1	'	ĺĺ
	termination of government service, if terminating within 90 days.)		!	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			لـــــا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	1b		
	organizations relying on a current notice regarding disaster assistance, theorems		,	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		·	
	before the first day of the tax year beginning in 2019?	1c		X
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)):			Ì
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes X No	1]
		}		' I
	If "Yes," list the years \(\bigsim_ \),		,	
D				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b		
	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.	20		1
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?			i
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			ı
·	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
Δa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
,	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		rm 99 0)-PF	

923541 12-17-19

Se During they year, did the feundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, say voter registration drive? (3) Provide a grant to an organization of the Provides of the State of the State of the State of the State of State o	Form 990-PF (2019) POTTHOFF FAMILY FOUNDAY Part VII-B Statements Regarding Activities for Whice	h Form 4720 May Be	Required (contin	<u>37-64741</u> jued)	. 4 4	Page €
(11) Carry on propagating, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence to eduction of any specific public election (see section 4955); or to carry or, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, Study, or other smiler purposes? (4) Provides a grant to an individual for travel, Study, or other smiler purposes? (4) Provides a grant to an individual for travel, Study, or other smiler purposes? (4) Provides a grant to an individual for travel, Study, or other smiler purposes? (4) Provides a grant to an individual for travel, Study, or other smiler purposes? (4) Provides a grant to an individual for travel, Study, or other smiler purposes? (5) Provide for any purpose other than religious, charitable, scenishic, literary, or educational purposes, or for the prevention of crushy to children or animate? (6) Provides or any purpose other than religious, charitable, scenishic, literary, or educational purposes, or for the prevention of crushy to children or animate? (6) If years of the special purpose of the second or second purposes, or for the second or second purposes, or for the second or second purposes or for the second or second purposes, or for the second or second or second purposes. (6) If years of the second or			. (Yes	No
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chaniable, etc., organization described in section (495(g)(4),A)? See instructions (5) Provide to any purpose other than religious, chaniable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? I lany answer six* of 56(1)(5) dut any of the transactions fail to qualify under the exceptions described in Regulations section 53.6945 or in a current notice regarding disaster assistance, force the secret of the answer is 745 to question 53(4), does the foundation claim exemption from the tax because it maintained excenditure responsibility for the grant? If Yes, a tatach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, on a parsonal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 8 is the foundation subget to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachite payment(s) furnity the year, receive any funds, directly or indirectly, on a personal benefit contract? 1 List all officers, directors, trustees, and foundation managers and their compensation. 9 If Yes, it does not should be section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachite payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Controtors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address of foundation managers and their compensation. 1 List all officers, directors, trustees, and foundation managers and their compensation. 1 List all officers, directors, trustees, and foundation managers and their compensation. 1 List all officers, directors, t	•	ction 4945(e))?	Y	es 🗶 No		T
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section 53.4945 or in a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c if the answer is "fest to question 5344, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "ses," stands the statement required by Regulations section 53.4945-5(d). 8a Dut the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 8b, life Form 8870. 7 At any time dentity the year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, F	the prevention of cruelty to children or animals?		Y	es LX No		
Cryanizations relying on a current notice regarding disaster assistance, check here of if the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "attach the statement required by Regulations section 53,4945-5(d). By All The foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Old the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes, "attach the statement required by Regulations section 53,4945-5(d). b Old the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes, "attach the statement required by Regulations section 53,4945-5(d). b Old the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes, "attach the statement required by Regulations section 53,4945-5(d). b Old the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes S No	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	ın Regulations			-
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b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes to 5b, the Form 8870. A trany time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, 'did the foundation receive any proceeds or have any net income attributable to the transaction? 8 is the foundation subject to the section 4560 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours personated the party of the pa		to pay premiums on	Г—	[TT]		
If Yes' to 6b, file Form 8870. Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No No No No No No No	•		Ye	·	 -	- - <u></u> -
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any process or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position (If not paid, enter "0") GERALD A POTTHOFF TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 SUSAN P BRODERICK TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 CHESTERFIELD, MO 63017 0 . 25 0 . 0 . 0 CHESTERFIELD, MO 63017 0 . 0 . 0 CHESTERFIELD, MO 63017 0 . 0 . 0 CHESTERFIELD, MO 63017 CHESTERFIELD,		a personal benefit contract?		-	6b	<u> </u>
b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address (a) Name and address (b) Title, and average but specification (c) Compensation (c) Compensation (d) Cambridges to things the well dead of the paid enter 0. Th			Г ,,			
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted fours per fours pe	• • •		_	M/A	/D	+
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter-0-) 2		an \$1,000,000 in remuneration of		. V		
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (ff not paid, enter -0-) (d) Combinations to deficing and officers and		etees Foundation Ma				Ц
1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (H) to paid, enter -0-) (H) Title, and average hours per week devoted to position (H) to paid, enter -0-) (H) TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0 0.10 DUDITH POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0 0.0 0.0 CHESTERFIELD, MO 63017 0.25 0.0 0.0 0.0 CHESTERFIELD, MO 63017 0.25 0.0 0.0 0.0 CHESTERFIELD, MO 63017 0.25 0.0 0.0 CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63	Paid Employees, and Contractors	istees, i ouridation wi	anagers, riigin	,		
Compensation Comp		d their compensation.				
TRUSTEE	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense
### Action of their employees paid over \$50,000 #### Action of their employees paid over \$50,000 ################################	· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allow	ances
CHESTERFIELD, MO 63017		TRUSTEE				
JUDITH POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0.0.0 SUSAN P BRODERICK 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0.0.0 JOSEPH F POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0.0.0 JOSEPH F POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017 0.25 0.0.0.0 CHESTERFIELD, MO 63017 0.0.0 CHESTERFI						
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CHESTERFIELD, MO 63017 SUSAN P BRODERICK 424 S WOODSMILL RD CHESTERFIELD, MO 63017 DOSEPH F POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017		TRUSTEE]		,	
SUSAN P BRODERICK 424 S WOODSMILL RD CHESTERFIELD, MO 63017 JOSEPH F POTTHOFF TRUSTEE 424 S WOODSMILL RD CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63017 COmpensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributes to employee the depth plans and deterred allowances of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000		⊣				_
### Action ### A			0.	0.		<u> 0 </u>
CHESTERFIELD, MO 63017 JOSEPH F POTTHOFF 424 S WOODSMILL RD CHESTERFIELD, MO 63017 COmpensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation of employee paid deterred compensation address of deterred compensation allowances (e) Expense account, other allowances (c) Compensation of the deterred compensation allowances (e) Expense account, other allowances (c) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Compensation of the deterred compensation allowances (e) Expense account, other allowances (e) Expense account allow		TRUSTEE				
TOTAL number of other employees paid over \$50,000						_
### A 24 S WOODSMILL RD CHESTERFIELD, MO 63017 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans account, other allowances account, other allowances.			0.	0.		<u> </u>
CHESTERFIELD, MO 63017 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and defended compensation (e) Expense (c) Compensation (d) Contributions to employee benefit plans and defended compensation (e) Expense (f) Compensation (o) Total number of other employees paid over \$50,000		TRUSTEE				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and detented compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000						_
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(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plans and deferred compensation account, other allowances Total number of other employees paid over \$50,000	2 Compensation of live nighest-paid employees (other than those		, enter NONE.	(d) Contributions to	(e) Ex	Dense
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee denent plans and deferred	accoun	t, other
Total names: of other employees pare ever despess	NONE					
Total names: of other employees pare ever despess						
Total ribinios of other employees para ever despess		_				
Total names: of other employees pare ever despess			<u> </u>			
Total names: of other employees pare ever despess		_				
Total names: of other employees pare ever despess	<u> </u>		ļ			
Total name of other amprojece paid over despes		_				
Total names: of other employees pare ever despess			1			
Total names: of other employees pare ever despess		_]			
Total names: of other employees pare ever despess			<u> </u>			
	Fotal number of other employees paid over \$50,000				000 55	0

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Р	art X' Minimum Investment Return (All domestic foundations must complete this part. Foreign four	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	1,725,931.
ь	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,725,931.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,725,931.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,889.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,700,042.
6	Minimum investment return. Enter 5% of line 5	6	85,002.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	id certain	
_	foreign organizations, check here and do not complete this part.)		85,002.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2019 from Part VI, line 5 2a 1,016.	1	85,002.
b	Income tax for 2019. (This does not include the tax from Part Vi.)		1 010
C	Add lines 2a and 2b	2c	1,016.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<u>83,986.</u>
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	83,986.
6	Deduction from distributable amount (see instructions)	7	0. 83,986.
<u>/</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		03,380.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	168,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	168,000.
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	168,000.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	
	4940(e) reduction of tax in those years.		

Part XIII .Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				83,986.
2 Undistributed income, if any, as of the end of 2019				î
a Enter amount for 2018 only			0.	·
b Total for prior years:				
		0.		1
3 Excess distributions carryover, if any, to 2019:				,
a From 2014 98, 379.				
b From 2015 67,933.	İ			
c From 2016 75,780.				
d From 2017 84,012.				
e From 2018 189,852.	F1F 0F6			
f Total of lines 3a through e	515,956.			<u> </u>
4 Qualifying distributions for 2019 from				İ
Part XII, line 4: ► \$ 168,000.			0.	
a Applied to 2018, but not more than line 2a			<u> </u>	I
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		<u></u>
c Treated as distributions out of corpus	0.			,
(Election required - see instructions) d Applied to 2019 distributable amount		·	· · · · · · · · · · · · · · · · · · ·	83,986.
- ''	84,014.			05,700.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019	04,014.			
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				S C C C C C C C C C C C C C C C C C C C
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	599,970.			}
b Prior years' undistributed income. Subtract				!
line 4b from line 2b		0.		
c Enter the amount of prior years'				i
undistributed income for which a notice of deficiency has been issued, or on which				-
the section 4942(a) tax has been previously				
assessed		0.	 	<u> </u>
d Subtract line 6c from line 6b. Taxable		0.		l i
amount - see instructions		<u></u>		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of	<u>-</u> .			
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 2014				
not applied on line 5 or line 7	98,379.			İ
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	501,591.		•	
10 Analysis of line 9:	04 000			
a Excess from 2015 67,933.	1-111		•	, ""
b Excess from 2016 75,780.		*	•	
c Excess from 2017 84,012.			•	•
d Excess from 2018 189,852.				
e Excess from 2019 84,014.				7,

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Form 990-PF (2019) POTTHOF	F FAMILY FO	DUNDATION		<u> </u>	474122 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of	the ruling	.		
b Check box to indicate whether the found	lation is a private operati	ng foundation described	in section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(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					
exempt activities			X		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				<u> </u>	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter				+	
2/3 of minimum investment return					
shown in Part X, line 6, for each year				`	*
listed c "Support" alternative test - enter:		 		 -	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public	· · · · · · · · · · · · · · · · · · ·			 -	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from			 		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5.000 or m	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation whi		than 2% of the total conf	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)			-
SEE STATEMENT 7					
b List any managers of the foundation who			(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 intere	St.			
NONE					
2 Information Regarding Contributi					
Check here \(\sum_{\text{X}}\) if the foundation o	•	•	•		jests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numl	er or email address of the	ne person to whom applic	cations should be addres	ssed:	
b The form in which applications should b	e cultimitted and informa	tion and materials they s	poniq include.		
The form in which applications should b	, submitted and informa	tion and materials they st	nodia molace.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
923601 12-17-19					Form 990-PF (2019)

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the		Payment		
. 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	**	
a Paid during the year	•			
			GENERAL PURPOSES	
			-	
			·	
PLAY IT FORWARD MUSICAL FOUNDATION 710 VILLA PLACE	NONE	PUBLIC CHARITY	GENERAL PURPOSES	
ST LOUIS, MO 63132-3214				2,000
GRACE HILL	NONE	PUBLIC CHARITY	GENERAL PURPOSES	
2600 HADLEY STREET	NONE			
ST LOUIS, MO 63106				3,000
	·			
ST LOUIS BWORKS	NONE	PUBLIC CHARITY		
2414 MENARD			GENERAL PURPOSES	
ST LOUIS, MO 63104				
		 	GENERAL PURPOSES	2,000
JENSEN SCHMIDT TENNIS DOWN SYNDROME	NONE	PUBLIC CHARITY	GENERAL PURPOSES	
2822 WINTERGREEN DRIVE FLORISSANT MO 63033				3.000
	NTINUATION SHEE	ET(S)	► 3a	168,000
b Approved for future payment				
NONE				
		ļ		
Total		L	▶ 3b	0

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager `Name and address (home or business) recipient or substantial contributor SHELDON CONCERT HALL NONE PUBLIC CHARITY GENERAL PURPOSES 3648 WASHGINTON BLVD ST LOUIS, MO 63108 4,000, ST PATRICKS CENTER PUBLIC CHARITY GENERAL PURPOSES NONE 800 NORTH TUCKER BLVD ST LOUIS MO 63101-1000 5 000 TRINITY LUTHERAN CHURCH NONE PUBLIC CHARITY GENERALPURPOSES 812 SOULARD ST ST LOUIS MO 63104 5,000. ALZHEIMERS ASSOCIATION OF ST LOUIS NONE PUBLIC CHARITY GENERAL PURPOSES 9370 OLIVE BLVD ST LOUIS MO 63132-3214 3,000, PUBLIC CHARITY GENERAL PURPOSES BACKSTOPPERS NONE PO BOX 66927 ST LOUIS MO 63166 10,000, HOWARD PARK CENTER PUBLIC CHARITY GENERAL PURPOSES NONE 15834 CLAYTON RD ELLISVILLE MO 63011 2,000 USO OF MISSOURI NONE PUBLIC CHARITY GENERAL PURPOSES PO BOX 10367 ST LOUIS, MO 63145 3,000. NONE PUBLIC CHARITY GENERAL PURPOSES KIRKWOOD BAND BOOSTERS 801 ESSEX KIRKWOOD, MO 63122 5,000. MISSOURI BOTANICAL GARDENS NONE PUBLIC CHARITY GENERAL PURPOSES PO BOX 299 3 000 ST LOUIS, MO 63166 RANKEN JORDAN HOME NONE PUBLIC CHARITY GENERAL PURPOSES 11365 DORSETT RD MARYLAND HGTS MO 63043 8,000, Total from continuation sheets 158 000

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SOUTHEAST MISSOURI UNIVERSITY NONE PUBLIC CHARITY GENERAL PURPOSES ONE UNIVERSITY PLAZA MS 7300 CAPE GIRARDEAU MO 63701 3,000. UNITED WAY OF GREATER ST LOUIS PUBLIC CHARITY GENERAL PURPOSES NONE PO BOX 500280 ST LOUIS MO 63150-0280 20,000 ST LOUIS SYMPHONY NONE PUBLIC CHARITY GENERAL PURPOSES 718 N GRAND ST LOUIS, MO 63108 5,000. FOREST PARK FOREVER NONE PUBLIC CHARITY GENERAL PURPOSE 5595 GRAND DRIVE IN FOREST PK ST LOUIS MO 63112 4,000. NONE PUBLIC CHARITY GENERAL PURPOSES LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION 3558 S. JEFFERSON AVE 5,000. ST LOUIS MO 63118 ELEVEN POINT RIVER CONSERVANCY NONE PUBLIC CHARITY GENERAL PURPOSES RR 1, BOX 1272 4,000. ALTON MO 65606 COCA NONE PUBLIC CHARITY GENERAL PURPOSES 524 TRINITY AVE 2,000. ST LOUIS MO 63130 KIRK CARE NONE PUBLIC CHARITY GENERAL PURPOSES PO BOX 220652 3,000. KIRKWOOD MO 63122-0652 MADCO NONE PUBLIC CHARITY GENERAL PURPOSES ONE UNIVERSITY BLVD 243 AAB 2,000. ST LOUIS, MO 63121 NEW MUSIC CIRCLE NONE PUBLIC CHARITY GENERAL PURPOSES 560 TRINITY AVE UNIVERSITY CITY MO 63130 3,000.

Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC CHARITY GENERAL PURPOSE INSTITUTE OF AMERICA ACUPUNCTE AND NONE LIFE MEDICINE 443 N NEW BALLAS RD #224 ST, LOUIS MO 63141 1,000. PUBLIC CHARITY GENERAL PURPOSE JAZZ FOUNDATION OF AMERICA NONE 322 WEST 48TH STREET, 6TH FLOOR NEW YORK, NY 10036 2,000. GLEN ECHO HISTORIC PRESERVATION NONE PUBLIC CHARITY GENERAL PURPOSES FOUNDATION 3401 LUCAS&HUNT 3,000. NORMANDY MO 63121 OLD TOWNE ARTISAN STUDIO NONE PUBLIC CHARITY GENERAL PURPOSE 51105 AVENIDA VILLA SUITE 101 6,000. LA QUINTA, CA 92253 PUBLIC CHARITY GENERAL PURPOSE NAMI ST. LOUIS NONE 1750 S. BRENTWOOD BLVD, SUITE 511 5,000. ST. LOUIS MO 63144 PUBLIC CHARITY GENERAL PURPOSE ST. LOUIS ZOO NONE FOREST PARK ST, LOUIS, MO 63110 4,000. DWIGHT DAVIS TENNIS CENTER NONE PUBLIC CHARITY GENERAL PURPOSE 5600 GRAND DR 2,000. ST. LOUIS MO 63112 FOOD OUTREACH NONE PUBLIC CHARITY GENERAL PURPOSE 3117 OLIVE 5,000. ST LOUIS MO 63103 ST VINCENT HOME FOR CHILDREN NONE PUBLIC CHARITY GENERAL PURPOSE 7401 FLORISSANT RD GENERA PURPOSE 5,000. ST LOUIS MO 63121-4835 AMERICAN HEART ASSOCIATION NONE PUBLIC CHARITY GENERAL PURPOSE 460 N LINDBERGH ST LOUIS MO 50037 3,000. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor HEALTH PROTECTION AND EDUCATION NONE PUBLIC CHARITY SERVICES 6900 DELMAR ST LOUIS, MO 63130 2,000. · PUBLIC CHARITY GENERAL PURPOSES COLDWATER CONSERVATION FOUNDATION NONE 2144 RIDING TRAIL DR CHESTERFIELD, MO 63002 5,000. GATEWAY OFF ROAD CYCLISTS NONE PUBLIC CHARITY GENERAL PURPOSES 5673 WRENWYCK WELDON SPRING, MO 63304 2,000. YWCA METRO ST LOUIS PUBLIC CHARITY GENERAL PURPOSES NONE 3820 WEST PINE ST LOUIS MO 63108 5,000, PUBLIC CHARITY SCHOLARSHIP NONE AVA'S GRACE SCHOLARSHIP PROGRAM 6825 CLAYTON RD SUITE 100 ST LOUIS, MO 63139 3,000 PUBLIC CHARITY GENERAL PURPOSES ANIMAL PROTECTIVE ASSN OF MISSOURI NONE 1705 S HANLEY RD ST LOUIS MO 63144 2,000. INTERNATIONAL CHILDRENS NETWORK NONE PUBLIC CHARITY GENERAL PURPOSES 10830 KENT KANGLEY #102 4,000. KENT, WA 98030 Total from continuation sheets

Part XVI-A. Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	- Tunction income
a	_	 			
b	_				
C	_		_		
d	_				
e	_			<u>-</u>	
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	5,223.	
4 Dividends and interest from securities			14	35,983.	
5 Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<u> <21,063.></u>	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory		<u></u>			·
1 Other revenue:					
a		<u> </u>			·
b					·
C	l l				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0		20,143.	0.
3 Total. Add line 12, columns (b), (d), and (e)			-	13	20,143.
See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	
		
-+		
-+		
1 12-17-	-19 Form 990 -	PF

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

(come than section \$91(c)(3) organizations) or in section \$77, reliable to produce organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets 5 Other transactions: 1 States of section a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rend of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or floar puscelless (6) Performance of services or membership or fundaziang solicitations (6) Performance of services or membership or fundaziang solicitations (7) Intelligence of services or membership or fundaziang solicitations (8) Leans or floar puscelless (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance of services or membership or fundaziang solicitations (9) Performance or services or membership or fundaziang solicitations (9) Performance or services or membership or fundaziang solicitations (9) Performance or services or membership or fundaziang solicitations (9) Performance or services or membership or services or ser		-	rectly engage in any of the following		described in section	on 501(c)		Yes	No
(2) Other sassts b Other fanisactions; (1) Sales of assets to a noncharitable exampt organization (2) Purchases of assets from a noncharitable exampt organization (3) Rental of facilities, equipment, or other assets (4) Rentitivasiment arrangements (5) Class or loan guarantees (6) Performance of services or membership or fundrassing solicitations (6) Performance of services or membership or fundrassing solicitations (7) Sammy of facilities, equipment, making lists, organizes the following schedule. Column (s) should always show the fair market value of the goods, other assets, or paid employees (8) Performance of services or more than one of "res", complete the following schedule. Column (s) should always show the fair market value of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or services private of the goods, other assets, or s	•	, , ,	•						
19/20 Mere assets 19/20 X		• •	ation to a noncharitable exempt of	ganization of.			1a(1)		x
(1) Sales of assets to a nonchartable exempt organization (2) Prurchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remitiscent arrangements (5) Loans or loan guarantees (6) Petrornance of services or membership or fundrasing solicitations (6) Petrornance of services or membership or fundrasing solicitations (6) Petrornance of services or membership or fundrasing solicitations (6) Petrornance of services or membership or fundrasing solicitations (7) Internal of the petrol of the	Γ.								
(a) Period of sacities, equipment, or other assets (b) Cans or loan guarantees (c) Coars or loan guarantees (d) Performance of servoices or membership or fundraising solicitations (e) Performance of servoices or membership or fundraising solicitations (e) Performance of servoices or membership or fundraising solicitations (e) Performance of servoices or membership or fundraising solicitations (e) Performance of servoices or membership or fundraising solicitations (e) Performance of servoices or membership or fundraising solicitations (e) Sharing of facilities, equipment, making lists, other assets, or paid employees (e) Ith an answer to any of the above it reporting floundation. If the fundration received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. (e) Namount involved (f) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount involved (g) Namount of organization (g) Description of relationship (g) N/A (g) Namount involved (g) Namount involv									
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(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or services or services solicitation or sharing arrangement, show in column (1) the value of the goods, other assets, or services govern by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (1) the value of the goods, other assets, or services governess governess governess governess governess governess governess governess. 2a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship in section 501(c) (other than sect	(2) Pur	chases of assets from a no	ncharitable exempt organization				1b(2)		
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services proceived. a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of remative, transactions, and sharing arrangements. Show in section 501(c) (other than section 501(c)	(3) Rer	ntal of facilities, equipment,	or other assets				1b(3)		
(e) Performance of services or membership of fundraising solicitations © Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction of sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction of sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction of sharing arrangements, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction of sharing arrangements, show in column (d) Description of transaction, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 301(c) (other than section 501(c)(3)) or in section 52?? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Ves X No If Yes organization (e) Description of relationship N/A Under parallegistic pegury, I declare that I have examined this return, including accompanying solydidics and statements, silicit, the best of my knowledge of the statements of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the solid performance of the so	(4) Reii	mbursement arrangements	ı				1b(4)		
E Sharing of facilities, equipment, malling lasts, other assets, or paid employees It I was answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. I was a served by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the value of the goods, other assets, or services received. I was a late of the goods, other assets, or services received. I was a late of the good of the									
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a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c) (other than section 501(c)(3)) or in section 527? If 'Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign: Indicate that I have examined the return, including accompanying schydules and statements, and that best of my knowledge report before Segment than taxopyly is based for all information of which prepare is signature. Sign: and belief, lifefrow, correct, apt Complete to the following schedule. Sign: and belief, lifefrow, correct, apt Complete than taxopyly is based for all information of which prepare is signature. Print's segment is a segment or preparer's signature. JOHN M. HILLHOUSE DAS TITLE JOHN M. HILLHOUSE CPA LLC Firm's EIN ▶ 20 – 0343229 Firm's and Fess № 424 S WOODSMILL RD SUITE 325 CHESTERPIELD, MO 63017 Phone no. 314–336–0560								sets,	
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N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? □ If 'Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A May the IRS discuss this return including accompanying schedules and attements, and with best of my knowledge including the property of the pr					(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penaltary fill persury, I declare that I have examined this return, including accompanying schedules and statements, and to the property of the persure of the persure of the property of the persure of the persure of the persure of the penaltary of t	-,	(0)	 			· · · · · · · · · · · · · · · · · · ·			
In section 501(c) (other than section 501(c)(3)) or in section 527?									
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In section 501(c) (other than section 501(c)(3)) or in section 527?									
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In section 501(c) (other than section 501(c)(3)) or in section 527?									
In section 501(c) (other than section 501(c)(3)) or in section 527?									
In section 501(c) (other than section 501(c)(3)) or in section 527?	2a Is the fo	undation directly or indirect	tly affiliated with or related to one	or more tax-exempt organiza	itions described	 ,			
Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it for the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer is any knowledge and belief, it for the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer is any knowledge and belief, it for the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer is any knowledge and belief, it for the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer is any knowledge and belief. It for the correct is any knowledge and belief. It for the correct is any knowledge and belief. It for the correct is any knowledge and belief. It for the correct is any knowledge and belief. It for the best of my knowledge and belief in the best of my knowledge and belief in the best of my knowledge. Sign		•	-	or more tax exempt organiza			Yes	X] No
(a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and the best of my knowledge and belief, it/s/frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and statements, and the best of my knowledge						_	_		
Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge sterring with the preparer shown below? See instruction of officer or trustee. Print/Type preparer's name. Preparer's signature. Date. Check x if self- employed. JOHN M. HILLHOUSE DWALLOW 3 30/20 P1N P7N Firm's name. JOHN M HILLHOUSE CPA LLC. Firm's EIN ▶ 20 – 0343229 Firm's address ▶ 424 S WOODSMILL RD SUITE 325 CHESTERFIELD, MO 63017 Phone no. 314–336–0560	<u> </u>			(b) Type of organization	(c) Description of relations	hip		
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Here Signature of officer or trustee Date Title Title Title No	سمدا	ler penalties of perjury, I declare to belief, it is true, correct, and con	that I have examined this return, including molete. Declaration of preparer (other that	ng accompanying schedules and st an taxpayer) is based on all informat	tatements, and to the b tion of which preparer	/ to a soul a see	the IRS	discuss f	ihis er
Paid Preparer Use Only Signature of officer or trusfee	Sign: \	18/1	1 0 0	12/2/2	1	sho	wn below	7 See in:	str
Paid Preparer's name Preparer's signature Date Check X if self-employed Proparer Self-employed Proparer Self-employed Proparer Self-employed Proparer Self-employed Proparer's signature Pool	 	New COX	well -	0/3//90	Tale -e/	rexL	X Yes		J No
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Paid Preparer Use Only Firm's address ▶ 424 S WOODSMILL RD SUITE 325 CHESTERFIELD, MO 63017 P00389158 Prim's EIN ▶ 20-0343229 Phone no. 314-336-0560		Printy Type preparer's na	ine / Preparer's s	ignature 1		ا بنتا			
Preparer Use Only Firm's name ▶ JOHN M HILLHOUSE CPA LLC Firm's address ▶ 424 S WOODSMILL RD SUITE 325 CHESTERFIELD, MO 63017 Phone no. 314-336-0560	Paid	TOURT ME TIT	TIMOURE PALMA	HUKKUN B	130/20	* *	በፈይር	15Ω	
Use Only Firm's address ► 424 S WOODSMILL RD SUITE 325 CHESTERFIELD, MO 63017 Phone no. 314-336-0560				T.T. C	,				
Firm's address ► 424 S WOODSMILL RD SUITE 325 CHESTERFIELD, MO 63017 Phone no. 314-336-0560			THE TILLIOUSE C	ייע חחר		THINISEN P 20-0	J Z J 4		
CHESTERFIELD, MO 63017 Phone no. 314-336-0560			4 S WOODSMILL F	ED SUITER 325					
						Phone no. 314-3	36-0	560	
									(2019)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2019

Employer identification number

POTTHOFF FAMILY FOUNDATION 37-6474122 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 X 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, 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

POTTHOFF FAMILY FOUNDATION

37-6474122

- 0	OIT TAMIBI TOUNDATION		04/4122
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD POTTHOFF 643 EAST MONTROE ST KIRKWOOD, MO 63122	\$ 90,149.	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	GERALD POTTHOFF 643 EAST MONTROE ST KIRKWOOD, MO 63122	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

POTTHOFF FAMILY FOUNDATION

37-6474122

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	312 SHS VANGUARD S8P 500 ETF		
		90,149.	12/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
——		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	rganization		Employer identification number
РОТТН	OFF FAMILY FOUNDATION		37-6474122
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	it
	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
Ī	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gif	t
	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
]			
	Transferee's name, address, a	(e) Transfer of gif	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
ļ		(e) Transfer of gif	t
	Transferee's name, address, at	Relationship of transferor to transferee	
j			

FORM 99	00-PF (GAIN OR (LOSS)	FROM SALE	OF	ASSETS	ST	ATEMENT 1
	(A) PTION OF PROPERTY			_A	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
FRACTIC	NAL SH WABTEC CO	ORP		PU	JRCHASED		
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE		(E) DEPRE	C. GAI	(F) N OR LOSS
	62.	65.		0.		0.	<3.
DESCRIP	(A) TION OF PROPERTY	r.			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
680SHS	JPMORGAN			PU	JRCHASED		······································
,	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAI	(F) N OR LOSS
	71,580.	25,331.		0.	· · · · · · · · · · · · · · · · · · ·	0.	46,249.
DESCRIP	(A) TION OF PROPERTY	7			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
2950 SH	IS GENERAL ELECTI	 RIC		PU	JRCHASED	, ""	
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAI	(F) N OR LOSS
	23,714.	91,070.		0.		0.	<67,356.

(A) DESCRIPTION OF PROPE	ERTY					NNER JIRED	DA ACQU	TE IRED	DATE S	SOLD
.8 SHS L3 HARRIS TEC	CHNOLOGIES				PURC	HASED				
(B) GROSS	(C COST		(I EXPEI)) 188 (ገ ም	(E)			(F)	
SALES PRICE				ALE	JF	DEPRE	c.	GAI	OR LOS	S
14	16.	99.			0.		0.			47.
CAPITAL GAINS DIVIDE	ENDS FROM P	ART IV								0.
TOTAL TO FORM 990-PF	F, PART I,	LINE 6A					-		<21,0	63.>
FORM 990-PF INTERES	T ON SAVING	GS AND 1	rempor?	ARY (CASH :	INVEST	MENTS	STA	ATEMENT	2
SOURCE			(A) EVENUE R BOOKS	5		(B) INVEST INCOME			(C) ADJUSTED ET INCOM	
AMERITRADE			5,22	23.		5,	223.			
TOTAL TO PART I, LIN	IE 3		5,22	23.		5,	223.			
FORM 990-PF	DIVIDENDS	AND IN	rerest	FROM	1 SEC	JRITIE	S	STA	ATEMENT	3
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	NS	REV	(A) /ENUE BOOK!		(B) INVE T INC		(C) ADJUST NET INC	
	35,983.		0.		35,983		35,9			
-	35,983.									

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
TAX RETURN PREPARATION	1,600.	().	0.			
TO FORM 990-PF, PG 1, LN 16B	1,600.).	0.			
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
INVESTMENT MGT FEES	15,443.	15,443	3.	0.			
TO FORM 990-PF, PG 1, LN 16C =	15,443.	15,443	3.	0.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 6			
DESCRIPTION		LUATION ETHOD E	BOOK VALUE	FAIR MARKET VALUE			
SEE ATTACHED		COST	1,027,994.	1,971,702.			
TOTAL TO FORM 990-PF, PART II	, LINE 13		1,027,994.	1,971,702.			
FORM 990-PF	PART XV - L OF FOUNDATI			STATEMENT 7			

NAME OF MANAGER

GERALD A POTTHOFF JUDITH POTTHOFF