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2019

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

									Inspection
or	caler	ndar year 2019, or tax year l	beginning 01-01-2	019	, ar	nd e	nding 12-31	-2019	
		Indation					A Employer id	lentification numb	er
51	EWARD	FAMILY FOUNDATION					46-1802424		
		street (or P.O. box number if mail is not	delivered to street address	s) Room	/suite		<b>B</b> Telephone no	ımber (see instructi	ons)
2	200 WE	ST PORT PLAZA DRIVE NO 203					(314) 317-890	0	
		, state or province, country, and ZIP or fo	oreign postal code				C If exemption	application is pendi	na. check here
31 L	.0015, 1						- In exemption	application is penal	► L
G C	neck al	I that apply:   Initial return	☐ Initial return of a		public charity		<b>D 1.</b> Foreign or	ganizations, check l	nere
		☐ Final return	Amended return	1				rganizations meeting ok here and attach o	
		☐ Address change	<del>-</del>				<b>E</b> If private fo	undation status was	terminated $\Box$
_	,	·	01(c)(3) exempt private					on 507(b)(1)(A), che	
		n 4947(a)(1) nonexempt charitable ket value of all assets at end	trust	Die priva			E If the found	ation is in a 60 man	th townsingtion —
of	year (f	rom Part II, col. (c),	Other (specify)	<b>⊻</b> Ca	sn 🗀 Accru	aı		ation is in a 60-mon on 507(b)(1)(B), che	
line	e 16)	▶\$ <u>953,262</u>	(Part I, column (d) mus	t be on	cash basis.)				
Pa	rt I	Analysis of Revenue and E	xpenses (The total	Τ					(d) Disbursements
		of amounts in columns (b), (c), and (d	•		Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see	instructions).)		books		ilicome	ilicome	(cash basis only)
	1	Contributions, gifts, grants, etc., r schedule)	eceived (attach		13,450,000				
	2	Check ▶ ☐ if the foundation is no	at required to attach		25/150/000				
			or required to attach						
	3	Interest on savings and temporary	cash investments		7		7	7	
	4	Dividends and interest from securi	ties						
	5a	Gross rents		<u> </u>					
•	b	Net rental income or (loss)  Net gain or (loss) from sale of asset	ots not on line 10						
Ξ	6a	. ,							
Revenue	b	Gross sales price for all assets on	line 6a 						
ž	7	Capital gain net income (from Part	: IV, line 2)				(	)	
	8	Net short-term capital gain							
	9	Income modifications							
	10a b	Gross sales less returns and allowates: Cost of goods sold		_					
	C	Less: Cost of goods sold  Gross profit or (loss) (attach sched	<b>—</b>	_					
	11	Other income (attach schedule)							
	12				13,450,007		<del></del>	7	
	13	Compensation of officers, directors			0				0
	14	Other employee salaries and wage							
Š	15	Pension plans, employee benefits							
nse	16a	Legal fees (attach schedule)							
<u>8</u>	b	Accounting fees (attach schedule)							
ii o	C	Other professional fees (attach sch	nedule)	<b>چ</b>	17,079		(	)	17,079
Ě	17	Interest							
<u> </u>	18	Taxes (attach schedule) (see instr	uctions)	9	20,000		(		0
≣	19	Depreciation (attach schedule) and	d depletion						
5	20	Occupancy							
ב ב	21	Travel, conferences, and meetings							
ਰ	22	Printing and publications		06-1	221 200				221 200
Operating and Administrative Expenses	23	Other expenses (attach schedule)  Total operating and administra		95	231,390		(	<u>'</u>	231,390
era	24	Add lines 13 through 23	<u>-</u>		268,469		(		248,469
o o	25	Contributions, gifts, grants paid			21,275,253	_			21,275,253
	26	Total expenses and disburseme			, ,				, , , , , , , , , , , , , , , , , , , ,
		25			21,543,722		(		21,523,722
	27	Subtract line 26 from line 12:							
	а	Excess of revenue over expens disbursements	es and		-8,093,715				
	b	Net investment income (if nega	tive, enter -0-)		· · · · · · · · · · · · · · · · · · ·		7	7	
	С	Adjusted net income (if negative	e, enter -0-)						

		PF (2019)	1		Page <b>2</b>
Part	111	<b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.		End o	f year (c) Fair Market Value
Π:	1	Cash—non-interest-bearing	+ ` '	53,262	
	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 (attach schedule) (see instructions)			
.	7	Other notes and loans receivable (attach schedule) 50,000			
'	,	Less: allowance for doubtful accounts	50,000	50,000	50,000
١.	_		•	50,000	50,000
ફ્ટ   <u>`</u>	8	Inventories for sale or use			
Š.	9	Prepaid expenses and deferred charges			
۱۱ م	0a	Investments—U.S. and state government obligations (attach schedule		.1	
	b	Investments—corporate stock (attach schedule)		850,000	850,000
	С	Investments—corporate bonds (attach schedule)			
1	.1	Investments—land, buildings, and equipment: basis ▶	_		
		Less: accumulated depreciation (attach schedule)	-		
1	.2	Investments—mortgage loans			
1	.3	Investments—other (attach schedule)			
1	4	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)			
1	.5	Other assets (describe )			
1	.6	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	8,196,973	953,262	953,262
1	.7	Accounts payable and accrued expenses			
1	.8	Grants payable			
8 1	.9	Deferred revenue			
<u>≅</u>   ₂	20	Loans from officers, directors, trustees, and other disqualified persons		850,000	
Liabilities	1	Mortgages and other notes payable (attach schedule)			
ם   ב	2	Other liabilities (describe			
2	3	Total liabilities(add lines 17 through 22)	0	850,000	
_				,	
es		Foundations that follow FASB ASC 958, check here			
릙		and complete lines 24, 25, 29 and 30.			
훘 2	4	Net assets without donor restrictions			
끩2	25	Net assets with donor restrictions			
or Fund Balance		Foundations that do not follow FASB ASC 958, check here	<b>Z</b>		
<u>_</u>		and complete lines 26 through 30.			
	6	Capital stock, trust principal, or current funds	0	0	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
× 2	8	Retained earnings, accumulated income, endowment, or other funds	8,196,973	103,262	
	9	Total net assets or fund balances (see instructions)	8,196,973	103,262	
$z _3$	0	Total liabilities and net assets/fund balances (see instructions) .	8,196,973	953,262	
Part		Analysis of Changes in Net Assets or Fund Balances			
		l net assets or fund balances at beginning of year—Part II, column (a),	line 29 (must agree with e	end-	
		ear figure reported on prior year's return)		. 1	8,196,973
2	Ente	er amount from Part I, line 27a		. 2	-8,093,715
3		er increases not included in line 2 (itemize) 🕨		3	4
4		lines 1, 2, and 3		. 4	103,262
5		reases not included in line 2 (itemize)		5	0
6	Total	l net assets or fund balances at end of year (line 4 minus line 5)—Part I	I, column (b), line 29	. 6	103,262 Form <b>990-PF</b> (2019)

Page **3** 

	ribe the kind(s) of property sold (e.g., warehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			B Bonation		+
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) f) minus (g)
a					
<u>b</u>					
C					
d					
Commission on the formation			12/21/60		
(i) F.M.V. as of 12/31/	ets showing gain in column (h) and ow  (j)  Adjusted basis	Excess	( <b>k)</b> of col. (i)	Gains (Col. ( col. (k), but not	(I) (h) gain minus (less than -0-) or from col.(h))
	as of 12/31/69	over coi	. (j), if any	Losses (II	0111 (01.(11))
a b					
С С					
<u>е</u>					
2 Capital gain net inco	me or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F		2	
·	al gain or (loss) as defined in sections 1 Part I, line 8, column (c) (see instruction	ons). If (loss), enter -0	· }	3	
Dowt V Overliftention	. Under Costian 4040/s) for De	duced Tay on Net	Toward To		
	1 Under Section 4940(e) for Re				
(For optional use by domesti	c private foundations subject to the sec	tion 4940(a) tax on ne	t investment incor	ne.)	
If section $4940(d)(2)$ applies Was the foundation liable for	, leave this part blank. the section 4942 tax on the distributal	ole amount of any year	in the base period	1?	es 🗹 No
	not qualify under section 4940(e). Do				
	amount in each column for each year;	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		<b>(d)</b> Distribution rat (col. (b) divided by c	col. (c))
2018	18,413,318		923,995		19.927941
2017	13,618,279		3,123,726		4.359627
2016	8,401,708 5,928,871		381,912 610,975		21.999068 9.703950
2014	4,641,702		437,261		10.615404
2 Total of line 1, column					66.605990
<b>3</b> Average distribution ra	atio for the 5-year base period—divide to bundation has been in existence if less	the total on line 2 by 5.	· · · · · —		13.321198
	noncharitable-use assets for 2019 from		4		2,171,223
<b>5</b> Multiply line 4 by line 3			5		28,923,291
6 Enter 1% of net invest	ment income (1% of Part I, line 27b)		6		0
					28,923,291
	utions from Part XII, line 4 ,				21,523,722
If line 8 is equal to or a instructions.	greater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usi	ng a 1% tax rate. Se	e the Part VI

Form	990-PF (20	)19)								P	age <b>6</b>
Pai	t VII-B	Statements Regard	ling	<b>Activities for Which</b>	Form 4720 May Be	Required (contin	nued)				
5a	During the	year did the foundation	рау о	r incur any amount to:						Yes	No
	<b>(1)</b> Carry	on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?		es 🗸	Na			
	(2) Influe	nce the outcome of any s	pecifi	c public election (see sect	tion 4955); or to carry	ш т	es 🖭	NO			
	on, directly or indirectly, any voter registration drive?.............       Yes				No						
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					No					
	(4) Provide a grant to an organization other than a charitable, etc., organization described					140					
	in sec	tion 4945(d)(4)(A)? See i	nstru	ctions		· · □ •	es 🗸	No			
	(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	ш.	es 🗀	140			
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	· ·	es 🗸	No			
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	any of the transactions fa	il to qualify under the ex	ceptions described i		140			
	Regulation	ns section 53.4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	uctions			5b		
	Organizati	ons relying on a current r	otice	regarding disaster assist	ance check here		▶ □				
С	If the ans	wer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the						
	tax becaus	se it maintained expendito	ire re	sponsibility for the grant	?	· · □ v	es 🗌	No			
	If "Yes," a	ttach the statement requi	red b	y Regulations section 53.	4945-5(d).	ш.	es	140			
<b>6</b> a	Did the fo	undation, during the year	rece	ive any funds, directly or	indirectly, to pay premiu	ıms on					
	a persona	I benefit contract?					es 🗸	NI-			
b	Did the fo	undation, during the year	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	es ı⊻ı	NO	6b		No
	If "Yes" to	6b, file Form 8870.									
7a	At any tim	ne during the tax year, wa	s the	foundation a party to a p	orohibited tax shelter trar	nsaction?	<b>.</b>	No			
b	L Yes ▼ I				NO	7b					
8	Is the four	ndation subject to the sec	tion 4	960 tax on payment(s) o	of more than \$1,000,000	in remuneration or					
	excess pa	rachute payment during t	ne ye	ar?		· · □ •	es 🗸	No			
		Information About (	Offic	ers. Directors. Trust	tees. Foundation Ma				vees.		
Pai	t VIII	and Contractors		,,	<b>,</b>				,,		
1	List all of	ficers, directors, truste	es. fo	oundation managers ar	nd their compensation.	See instructions					
		,	$\overline{}$	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contribution	ns to	(0)	Evnen		
	(a) Na	me and address		hours per week	not paid, enter	employee benefit p			Expen ther al		
DAVIT	L CTEMADO		TDU	devoted to position	-0-)	deferred compen		-			
	L STEWARD	·	TRU9	OTEE	0		(	'			0
		ΓS, MO 63043									
THELN	1A E STEWAR	lD	TRUS	TEE	0		C				0
	X 1724		1.00								
		rs, MO 63043 ation of five highest-pa	id or	anlayaas (athar than t	hasa included on line 1	coo instructions	) If no	<u> </u>	ntor "	NONE	71
	Compens	ation of five nighest-pa	iu ei	ipioyees (other than ti				ne, e	ntei	NONE.	
(a)	Name and a	address of each employee	paid	(b) Title, and average	(-) (	(d) Contributio employee ben		(e)	Expens	se acco	unt,
. ,		ore than \$50,000		hours per week devoted to position	(c) Compensation	plans and defe			her all		
				devoted to position		compensatio	n				
NON											
											_
Tota	l number of	f other employees paid ov	er \$5	0,000	<del></del> .		<b>&gt;</b>				0
	· · · · · · · · · · · · · · · · · · ·							For	m <b>99</b> 0	)-PF	2019)

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Into I through 5		Form <b>990-PF</b> (2019)

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

Page 8

2,204,287

2,171,223

108.561

108.561

108.561

108.561

108.561

21,523,722

21,523,722

21.523.722

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33,064

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6

2c

3

4

5

6

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1a

1b

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За 3h

4

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Form 990-PF (2019)

Part X

2

3

4

5

6

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Part XI

1d 2,204,287 Reduction claimed for blockage or other factors reported on lines 1a and

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1e

2a |

2b

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see

organizations check here 

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

108.561

Form **990-PF** (2019)

m 990-PF (2019)					
Part XIII Undistributed Income (see inst	ructions)				
	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019	
Distributable amount for 2019 from Part XI, line 7				108,561	

50,829,327

21,415,161

72,244,488

4,641,702

67,602,786

4.641.702 5,920,349

8.390,489

13.490.537 18,386,250

5.920.349

8,390,489

13,490,537

18,386,250

21,415,161

21,523,722

Forn

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. . . . . . Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2014 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. . .

c Excess from 2017. . . .

**b** Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$

a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

a From 2014. . . . .

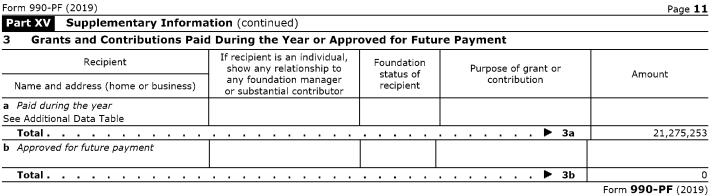
**b** From 2015. . . . .

d From 2017. . . . .

e From 2018. . . . .

c From 2016. .

Indistributed Income (see instruc	ctions)			
	(a)	(b)	(c)	( <b>d)</b>
	Corpus	Years prior to 2018	2018	2019



Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.
a					
b					
c d					
e					
f					
g Fees and contracts from government agencies  2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14		7
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<ul><li>b Not debt-financed property.</li><li>6 Net rental income or (loss) from personal property</li></ul>					
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
9 Net income or (loss) from special events:					
O Gross profit or (loss) from sales of inventory					
1 Other revenue: a					
b					
d					
e					
e	ations.)		1	3	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcular to the Relationship of Activities to the Second	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcul  Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which the accomplishment of the foundation's ex	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	2
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	2
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcul  Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which the accomplishment of the foundation's ex	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	7
e	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	
e  2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcul  Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which the accomplishment of the foundation's ex	ations.)  e Accomplision  income is report	hment of Exem	pt Purposes  f Part XVI-A contribu	uted importantly to	

For	m 990-PF (20	019)			Pa	ge <b>13</b>
	Part XVII	Information Re Exempt Organi	garding Transfers To and Transactions and Relationships With Noncharita zations	able		
1			directly engage in any of the following with any other organization described in section 501 organizations) or in section 527, relating to political organizations?		Yes	No
а	Transfers fro	m the reporting foun	dation to a noncharitable exempt organization of:			
	<b>(1)</b> Cash.			1a(1)		No
	(2) Other a	ssets		1a(2)		No
b	Other transa	ctions:				
	(1) Sales o	f assets to a nonchari	itable exempt organization	1b(1)		No
	(2) Purchas	ses of assets from a n	oncharitable exempt organization	1b(2)		No
	(3) Rental	of facilities, equipmer	nt, or other assets	1b(3)		No
	(4) Reimbu	rsement arrangemen	ts	<b>1</b> b(4)		No
	<b>(5)</b> Loans o	r loan guarantees.		1b(5)		No
	(6) Perform	ance of services or m	embership or fundraising solicitations	1b(6)		No
c	Sharing of fa	acilities, equipment, n	nailing lists, other assets, or paid employees.............. [	1c		No
d	of the goods	, other assets, or ser	is "Yes," complete the following schedule. Column (b) should always show the fair market value vices given by the reporting foundation. If the foundation received less than fair market value ngement, show in column (d) the value of the goods, other assets, or services received.			
(a)	) Line No. (	<b>b)</b> Amount involved	(c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shari	ing arrai	ngemen	its

(6) Performance of services or membership or fundraising solicitations	1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	No
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market val in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.		•
(a) Line No. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shared transfers.	aring arranger	nents
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations		
<u> </u>	<b>☑</b> No	
<b>b</b> If "Yes," complete the following schedule.		
(a) Name of organization (b) Type of organization (c) Description of relations (b) Type of organization (c) Description of relations (d) Description of relations (e) Description (	ionship	

z i roo, comprese and romaning comedation		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this 2020-11-02 Here \ return with the preparer shown Signature of officer or trustee Title Date

Date

	•
Paid	_
Use (	

Sign

JEFFREY R ARNDT er Firm's name ▶ **BURDS & KUNTZ PC** nly 2200 WEST PORT PLAZA DR STE 203 Firm's address ▶ ST LOUIS, MO 63146

Print/Type preparer's name

Preparer's Signature

PTIN Check if selfemployed ▶ 🔲

(see instr.) 🗹 Yes 🗆 No

P00013479

Firm's EIN ▶20-2792666

Phone no. (314) 317-8900

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

DAVID L STEWARD

THELMA E STEWARD

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

	or substantial contributor			
a Paid during the year				
BIBLICAL BUSINESS TRAINING INC 17209 CHESTERFIELD AIRPORT RD	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	10,000

HESTERFIELD, MO 63005			ORGANIZATION	
LARK-FOX FAMILY FOUNDATION 30 S BEMISTON AVE STE 303 LAYTON, MO 63105	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	

Total .

130 S BEMISTON AVE STE 303 CLAYTON, MO 63105	·	, ,, ,	PURPOSE OF THE RECIPIENT ORGANIZATION	,
CONGREGATION OF THE MISSION - WESTERN PROVINCE 13663 RIDER TRAIL NORTH	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	160,000

15,000

21,275,253

CONGREGATION OF THE MISSION - WESTERN PROVINCE 13663 RIDER TRAIL NORTH EARTH CITY, MO 63045	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution

recipient

ORGANIZATION

▶ 3a

21,275,253

any foundation manager

or substantial contributor

Name and address (home or business)

BRENTWOOD, MO 63144

Total .

	or substantial continuation			
a Paid during the year				
DO SOMETHING ATHLETIC 459 21ST PLACE SAN AMONICA, CA 90402	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	10,000
GREATER ST LOUIS ART MUSEUM ONE FINE ARTS DRIVE	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	5,500

SAN AMONICA, CA 90402			ORGANIZATION	
GREATER ST LOUIS ART MUSEUM ONE FINE ARTS DRIVE ST LOUIS, MO 63110	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	5,500
HOME SWEET HOME 290 HANLEY INDUSTRIAL COURT	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	12,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JONATHAN PROJECT	N/A	501(C)(3)	TO FURTHER THE EXEMPT	250,000

JONATHAN PROJECT 4136 SOUTH MCCANN COURT SPRINGFIELD, MO 65804	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	250,000
KRANZBERG ARTS FOUNDATION 3224 LOCUST ST STE 401	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	125,000

51 KING/1225/110 05001			01(0,1112,111011	
KRANZBERG ARTS FOUNDATION 3224 LOCUST ST STE 401 ST LOUIS, MO 63103	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	125,000
LINCOLN UNIVERSITY 820 CHESTNUT STREET JEFFERSON CITY, MO 65101	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	100,000

Total			▶ 3a	21,275,253
LINCOLN UNIVERSITY 820 CHESTNUT STREET JEFFERSON CITY, MO 65101	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	100,000
ST LOUIS, MO 63103			ORGANIZATION	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

	or substantial contributor			
a Paid during the year				
PROJECT COPE - CONCORDANCE ACADEMY ONE METROPOLITAN SQUARE	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	1,000,000

ST LOUIS, MO 63102			01(0/11/22/11/01/	
ROHAN WOODS SCHOOL 1515 BENNETT AVENUE ST LOUIS, MO 63122	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	62,553

1515 BENNETT AVENUE ST LOUIS, MO 63122	1975	301(0)(3)	PURPOSE OF THE RECIPIENT ORGANIZATION	02,333
UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	19,431,875

21,275,253

ST LOUIS, MO 63122			ORGANIZATION	
UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET ST LOUIS, MO 63101	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	19,431,87

ST LOUIS, MO 63122			ORGANIZATION	
UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET ST LOUIS, MO 63101	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	19,431,8

Total .

## Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year URBAN LEAGUE OF METRO ST LOUIS N/A 501(C)(3) TO FURTHER THE EXEMPT 5,000

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

3701 GRANDEL SOLIARE

Total .

ST LOUIS, MO 63108		ORGANIZATION	
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 7425 FORSYTH BLVD CAMPUS BOX 1247	N/A	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	82,825

PURPOSE OF THE RECIPIENT

За

21,275,253

7425 FORSYTH BLVD CAMPUS BOX 1247 ST LOUIS, MO 63105			ORGANIZATION	
WOMEN OF ACHIEVEMENT 158102 HARRIS RIDGE CT	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT	5,000

ST LOUIS, MO 63105				
WOMEN OF ACHIEVEMENT 158102 HARRIS RIDGE CT CHESTERFIELD MO. 63017	N/A	501(C)(3)	TO FURTHER THE EXEMPT PURPOSE OF THE RECIPIENT ORGANIZATION	5,000

WOMEN OF ACHIEVEMENT N/A 501(C)(3) TO FIRTHER THE EVEMPT	ST LOUIS, MO 63105		LOUIS, MO 63105		
158102 HARRIS RIDGE CT CHESTERFIELD MO 63017  CHESTERFIELD MO 63017	158102 HARRIS RIDGE CT	501	8102 HARRIS RIDGE CT	501(C)(3)	 5,00

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491321029040
TV 2010 Investments Corners	to Stock School	dulo	
TY 2019 Investments Corpora	ite Stock Sche	uule	
Name:	STEWARD FAMILY	Y FOUNDATION	
ETN.	46-1902424		

850,000

850,000

Investments Corporation Stock Schedule  Name of Stock	End of Year Book	End of Year Fair
Nume of Stock	Value	Market Value

BUY SELL AUTO MART, INC.

efile GRAPHIC print - DO NOT PROCESS	As Filed Dat	a -	DLN: 93491321029040
TY 2019 Loans from Officers S	chedule		
Name:	STEWARD	FAMILY FOUNDATION	
EIN:	46-180242	4	
1	Item No.		1
Lender	' <b>s Name</b> D	AVID L STEWARD	
Lende	er's Title T	RUSTEE	
Original Amount	t of Loan	850000	
Bala	nce Due	850000	
Date	of Note 2	019-04	
Matur	rity Date		
Repaymer	n <b>t Terms</b> D	EMAND	
Inter	est Rate	0.000000000000	
Security Provided by B	orrower N	ONE	

**Description of Lender Consideration** | CASH LOAN

**Consideration FMV** 

Purpose of Loan | FURTHER EXEMPT PURPOSE OF FOUNDATION

850000

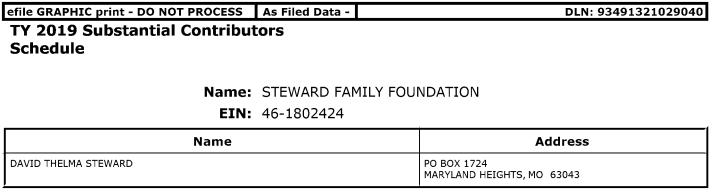
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491321029040
TY 2019 Other Expenses Sche	dule			
Name:	STEWARD FAMI	LY FOUNDATION		
EIN:	46-1802424			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING/PUBLIC RELATIONS	231,390	0		231,390

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491321029	040
TY 2019 Other Increases Scho	edule			
Name:	STEWARD FAMILY FO	UNDATION		
EIN:	46-1802424			
D	escription		Amount	
PRIOR PERIOD ROUNDING ADJUSTMENT				4

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	DLN: 93491321029040				
TY 2019 Other Professional Fees Schedule						
Name: STEWARD FAMILY FOUNDATION EIN: 46-1802424						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

17,079

OTHER PROFESSIONAL FEES



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	- DLN: 93491321029040			
TY 2019 Taxes Schedule					
Name: STEWARD FAMILY FOUNDATION					
<b>EIN:</b> 46-1802424					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
2018 EXTENSION PAYMENT	20,000	0		0	

Schedule B		od Data -   Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)		Attach to Form 990, 990-EZ, or 990-PF.		2040
Department of the Treasury Internal Revenue Service		► Go to <u>www.irs.gov/Form990</u> for the latest information.		2019
Name of the organization STEWARD FAMILY FOUND	ATION			identification number
Organization type (che	ck one):		46-180242	4
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter n	number) organization		
	☐ 4947(a)(1) nonexe	empt charitable trust <b>not</b> treated as a	private foundation	
	☐ 527 political organization			
Form 990-PF	<b>✓</b> 501(c)(3) exempt p	private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
		, or 990-PF that received, during the yributor. Complete Parts I and II. See i		
Special Rules				
For an organizated under sections 5 received from an	09(a)(1) and 170(b)(1)(A)(vi),	c)(3) filing Form 990 or 990-EZ that m , that checked Schedule A (Form 990 year, total contributions of the greate e 1. Complete Parts I and II.	or 990-EZ), Part II, line 13	3, 16a, or 16b, and that
during the year,	otal contributions of more tha	c)(7), (8), or (10) filing Form 990 or 99 an \$1,000 <i>exclusively</i> for religious, ch hildren or animals. Complete Parts I, I	aritable, scientific, literary,	
during the year, If this box is che purpose. Don't o	contributions exclusively for recked, enter here the total conomplete any of the parts unle	c)(7), (8), or (10) filing Form 990 or 99 religious, charitable, etc., purposes, butributions that were received during these the <b>General Rule</b> applies to this og \$5,000 or more during the year	ut no such contributions to he year for an <i>exclusively</i> i organization because it rec	staled more than \$1,000. religious, charitable, etc. eived <i>nonexclusively</i>
990-EZ, or 990-PF), but	it <b>must</b> answer "No" on Part	eneral Rule and/or the Special Rules IV, line 2, of its Form 990; or check th besn't meet the filing requirements of	he box on line H of its Forn	
For Paperwork Reduction of for Form 990, 990-EZ, or 99	ct Notice, see the Instructions J-PF.	Cat. No. 30613X	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2019)

Employer identification number

STEWARD FAMILY FOUNDATION		46-1802424	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID L AND THELMA E STEWARD PO BOX 1724  MARYLAND HEIGHTS, MO 63043	\$ 13,450,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
<u>.</u>		\$	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.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>4</b>		
	rganization FAMILY FOUNDATION		Employer identification number 46-1802424		
Part III	than \$1,000 for the year from any one contributo	r. Complete columns (a) th of exclusively religious, cha actions.) ► \$	bed in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh		elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP 4		elationship 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, and ZIP 4	(e) Transfer of gift R	elationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		