

**, and ending**

RECEIVED  
NOV 23 2020  
OGDEN, UT

Part II. Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,892,750.	2,074,820.	2,074,820.
	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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ <b>PROGRAM RELATED INV</b> )		0.	1,550,000.	1,550,000.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,892,750.	3,624,820.	3,624,820.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	1,892,750.	3,624,820.	
29 Total net assets or fund balances	1,892,750.	3,624,820.		
30 Total liabilities and net assets/fund balances	1,892,750.	3,624,820.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,892,750.
2 Enter amount from Part I, line 27a	2	1,732,070.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	3,624,820.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	3,624,820.

Form 990-PF (2019)

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b <b>NONE</b>				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7       }		2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		{       }		3

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

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

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

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

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	107,240.	1,927,452.	.055638
2017			
2016			
2015			
2014			
2 Total of line 1, column (d)			2 .055638
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 .055638
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 2,015,824.
5 Multiply line 4 by line 3			5 112,156.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0.
7 Add lines 5 and 6			7 112,156.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 1,816,705.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> MO		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2019)

**Part 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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <b>N/A</b>		
14 The books are in care of <b>MARK G PONDER</b> Telephone no. <b>314-587-2788</b>		
Located at <b>1281 N WARSON ROAD, SAINT LOUIS, MO</b> ZIP+4 <b>63132</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year <b>15</b> <b>N/A</b>		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here		X
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?		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)):		
a 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		X

Form 990-PF (2019)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

5b

Organizations relying on a current notice regarding disaster assistance, check here

► ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

7b

**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 parachute payment(s) during the year?☐ Yes ☒ No**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 to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.

**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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000

0

Form 990-PF (2019)

**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 PATINA MOUNTAIN PRESERVE - A SUBSTANCE ABUSE TREATMENT FACILITY IN PHOENIX THAT COMBINES CLINICAL TREATMENT WITH TRADITIONAL NATIVE AMERICAN PRACTICES.	1,300,000.
2 NEWTOWN COMMUNITY DEVELOPMENT CORPORATION - PURPOSE TO INCREASE THE SUPPLY OF PERMANENTLY AFFORDABLE HOUSING IN PARTS OF ARIZONA WHILE DEVELOPING AND SUPPORTING HOMEBUYERS.	250,000.
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	1,550,000.

Form 990-PF (2019)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	2,046,522.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,046,522.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,046,522.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,698.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,015,824.
6	Minimum investment return. Enter 5% of line 5	6	100,791.

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

1	Minimum investment return from Part X, line 6	1	100,791.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	100,791.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	100,791.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	100,791.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	266,705.
b	Program-related investments - total from Part IX-B	1b	1,550,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,816,705.
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	1,816,705.

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

Form 990-PF (2019)



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				100,791.
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018	10,867.			
<b>f</b> Total of lines 3a through e	10,867.			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 1,816,705.				
<b>a</b> Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				100,791.
<b>e</b> Remaining amount distributed out of corpus	1,715,914.			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,726,781.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,726,781.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018	10,867.			
<b>e</b> Excess from 2019	1,715,914.			



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
AFFINIA HEALTHCARE 1717 BIDDLE ST LOUIS, MO 63106	NONE	PC	CHARITABLE WORK	500.
AISH HATORAH OF GREATER ST LOUIS 457 N WOODS MILL RD CHESTERFIELD, MO 63017	NONE	PC	CHARITABLE WORK	500.
ALS ASSOCIATION 2258 WELDON PARKWAY ST LOUIS, MO 63146	NONE	PC	CHARITABLE WORK	1,000.
ALZHEIMER'S ASSOCIATION 3846 W 75TH ST PRAIRIE VILLAGE, KS 66208	NONE	PC	CHARITABLE WORK	5,000.
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	PC	CHARITABLE WORK	75.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>266,705.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Form 990-PF (2019)

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	PC	CHARITABLE WORK	10,000.
AMERICAN STROKE FOUNDATION 6405 METCALF AVE OVERLAND PARK, KS 66202	NONE	PC	CHARITABLE WORK	975.
ANIMAL PROTECTIVE ASSOCIATION OF MO 1705 S HANLEY RD SAINT LOUIS, MO 63144	NONE	PC	CHARITABLE WORK	515.
ASPCA PO BOX 96929 WASHINGTON, DC 20077	NONE	PC	CHARITABLE WORK	240.
BEYOND HOUSING 6506 WRIGHT WAY ST LOUIS, MO 63121	NONE	PC	CHARITABLE WORK	100.
BIG RIVER ASSOCIATION 3301 WASHINGTON AVE SUITE 2C ST LOUIS, MO 63103	NONE	PC	CHARITABLE WORK	500.
BOONE CENTER 200 TRADE CENTER DRIVE W BCI ST PETERS, MO 63376	NONE	PC	CHARITABLE WORK	500.
BOY SCOUTS OF AMERICA BOONE TRAILS DISTRICT 4568 WEST PINE BLVD ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	1,100.
BOYS HOPE GIRLS HOPE 12120 BRIDGETON SQUARE DR BRIDGETON, MO 63044	NONE	PC	CHARITABLE WORK	500.
CENTER FOR AUTISM EDUCATION 4110 OLD MILL PKWY ST PETERS, MO 63376	NONE	PC	CHARITABLE WORK	380.
<b>Total from continuation sheets</b>				<b>259,630.</b>

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHES CREDIT & HOMEOWNERSHIP EMPOWERMENT 3125 GILLHAM PLACE KANSAS CITY, MO 64109	NONE	PC	CHARITABLE WORK	5,000.
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	PC	CHARITABLE WORK	1,000.
COMMUNITIES IN SCHOOLS OF NEW MEXICO PO BOX 367 SANTA FE, NM 87504	NONE	PC	CHARITABLE WORK	1,000.
COMMUNITY COUNSELING CENTER FOUNDATION 402 S SILVER SPRINGS RD CAPE GIRARDEAU, MO 63703	NONE	PC	CHARITABLE WORK	100.
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	NONE	PC	CHARITABLE WORK	1,000.
COMTREA 227 E MAIN STREET FESTUS, MO 63028	NONE	PC	CHARITABLE WORK	15,000.
CULTURAL LEADERSHIP 225 S MERAMEC, SUITE 107 ST LOUIS, MO 63105	NONE	PC	CHARITABLE WORK	100.
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE, STE 110 N BETHESDA, MD 20814	NONE	PC	CHARITABLE WORK	500.
DENNIS NILL MEMORIAL FUND 1615 CRIMSON HILLS DRIVE ST PETERS, MO 66337	NONE	PF	CHARITABLE WORK	1,080.
DIVERSITY AWARENESS PARTNERSHIP 40 NORTH ROCK HILL ROAD WEBSTER GROVES, MO 63119	NONE	PC	CHARITABLE WORK	500.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ESPERANZA SHELTER FOR BATTERED FAMILIES 3130 RUFINA STREET SANTA FE, NM 87507	NONE	PC	CHARITABLE WORK	151.
FREEDOM ARTS & EDUCATION CENTER OF STL 1114 BACKER STREET ST LOUIS, MO 63130	NONE	PC	CHARITABLE WORK	1,000.
FRIENDS OF KWMU 3651 OLIVE STREET ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	120.
HABITAT FOR NEIGHBORHOOD BUSINESS 3674 LINDELL BLVD, DS 108 ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	300.
HEART OF AMERICA HUMANE SOCIETY PO BOX 12703 OVERLAND PARK, KS 66282	NONE	PC	CHARITABLE WORK	225.
HCC STL FOUNDATION 3611 S GRAND BLVD ST LOUIS, MO 63118	NONE	PC	CHARITABLE WORK	150.
HISPANIC CHAMBER OF COMMERCE OF METRO ST LOUIS 3611 S GRAND BLVD ST LOUIS, MO 63118	NONE	PC	CHARITABLE WORK	200.
HUMANE SOCIETY OF THE US 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	PC	CHARITABLE WORK	60.
INTERNATIONAL INSTITUTE OF ST LOUIS 3401 ARSENAL STREET ST LOUIS, MO 63118	NONE	PC	CHARITABLE WORK	100.
IVY ALLIANCE FOUNDATION PO BOX 775197 ST LOUIS, MO 63177	NONE	PC	CHARITABLE WORK	395.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JAZ GRANDERSON FOUNDATION 6350 SILVERFOX DR ST LOUIS, MO 63034	NONE	PC	CHARITABLE WORK	662.
JDRF 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	NONE	PC	CHARITABLE WORK	50.
KENNETH J RYBICKI FOUNDATION 4625 LINDELL BLVD STE 507 ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	750.
KIDS IN THE MIDDLE 2650 SOUTH HANLEY ROAD SUITE 150 ST. LOUIS, MO 63144	NONE	PC	CHARITABLE WORK	125.
KIDS TLC 480 S ROGERS ROAD OLATHE, KS 66062	NONE	PC	CHARITABLE WORK	1,000.
KITCHEN ANGELS 1222 SILER RD SANTA FE, NM 87507	NONE	PC	CHARITABLE WORK	500.
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	PC	CHARITABLE WORK	1,000.
MANITOQUA MINISTRIES 8122 W SAUK TRAIL FRANKFORT, IL 60423	NONE	PC	CHARITABLE WORK	250.
MARYS MEALS USA 75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	PC	CHARITABLE WORK	1,000.
METRO ST LOUIS EQUAL HOUSING OPPOR COUN 1027 SOUTH VANDEVENTER AVE #4 ST LOUIS, MO 63110	NONE	PC	CHARITABLE WORK	40,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MISSION SOUTHSIDE 18335 WEST 168TH TERRACE OLATHE, KS 66062	NONE	PC	CHARITABLE WORK	500.
MUNICIPAL THEATRE ASSOCIATION OF ST LOUIS #1 THEATRE DRIVE ST LOUIS, MO 63112	NONE	PC	CHARITABLE WORK	10,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	PC	CHARITABLE WORK	185.
NEW MEXICO CHILDRENS FOUNDATION PO BOX 8182 SANTA FE, NM 87504	NONE	PC	CHARITABLE WORK	1,000.
ONE HEART FAMILY MINISTRIES 11746 MANHATTAN AVE DES PERES, MO 63131	NONE	PC	CHARITABLE WORK	250.
OPERATION HOPE 191 PEACHTREE STREET NE ATLANTA, GA 30303	NONE	PC	CHARITABLE WORK	5,000.
PARK PLACE HOUSING & ECON DEV 4120 MANCHESTER AVE, PO BOX 15076 ST LOUIS, MO 63110	NONE	PC	CHARITABLE WORK	5,000.
PATHWAY TO HOPE 520 S HARRISON STREET ROOM 206 OLATHE, KS 66061	NONE	PC	CHARITABLE WORK	500.
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DRIVE ST LOUIS, MO 63132	NONE	PC	CHARITABLE WORK	225.
PROMO FUND 2200 GRAVOIS AVE STE 201 ST LOUIS, MO 63104	NONE	PC	CHARITABLE WORK	300.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROSPERITY CONNECTION 3651 FOREST PARK AVE ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	10,000.
R WITTINGTON FOUNDATION 13306 E WOODLAKE VILLAGE CT ST LOUIS, MO 63141	NONE	PC	CHARITABLE WORK	1,000.
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVENUE NO 2 ST LOUIS, MO 63119	NONE	PC	CHARITABLE WORK	5,000.
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVE ST LOUIS, MO 63103	NONE	PC	CHARITABLE WORK	15,000.
RONALD MCDONALD HOUSE CHARITIES OF ST. LOUIS 3450 PARK AVENUE ST LOUIS, MO 63104	NONE	PC	CHARITABLE WORK	25,000.
ROSE BROOKS CENTER PO BOX 320599 KANSAS CITY, MO 64132	NONE	PC	CHARITABLE WORK	1,000.
SAINT LOUIS FASHION FUND 1533 WASHINGTON AVE ST LOUIS, MO 63103	NONE	PC	CHARITABLE WORK	500.
SALVATION ARMY CORPS 615 SLATERS LANE ALEXANDRIA, VA 22314	NONE	PC	CHARITABLE WORK	10.
SHARE PREGNANCY & INFANT LOSS SUPPORT INC 402 JACKSON STREET ST CHARLES, MO 63301	NONE	PC	CHARITABLE WORK	100.
SOPHIA PROJECTS 9648 OLIVE BLVD ST LOUIS, MO 63132	NONE	PC	CHARITABLE WORK	150.
Total from continuation sheets				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	CHARITABLE WORK	240.
ST LOUIS AQUARIUM AT UNION STATION FOUNDATION 111 WESTPORT PLAZA DR NO 500 ST LOUIS, MO 63146	NONE	PC	CHARITABLE WORK	28,500.
ST LOUIS ART MUSEUM ONE FINE ARTS DRIVE ST LOUIS, MO 63110	NONE	PC	CHARITABLE WORK	120.
ST LOUIS CHILDRENS HOSPITAL FOUNDATION 1001 HIGHLANDS PLAZA DR WEST NO 160 ST LOUIS, MO 63110	NONE	PC	CHARITABLE WORK	50.
ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	PC	CHARITABLE WORK	5,000.
ST LOUIS CRISIS NURSERY OF JEFFERSON COUNTY 11710 ADMINISTRATION DRIVE NO 18 ST LOUIS, MO 63146	NONE	PC	CHARITABLE WORK	800.
ST LOUIS MAKES 911 WASHINGTON AVE STE 645-B ST LOUIS, MO 63101	NONE	PC	CHARITABLE WORK	25,000.
ST LOUIS PUBLIC RADIO 3651 OLIVE STREET ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	300.
ST LOUIS ZOO ASSOCIATION PO BOX 790290 ST LOUIS, MO 63179	NONE	PC	CHARITABLE WORK	570.
TEEN CHALLENGE OF ST LOUIS 2650 APPLETREE ACRES LANE HIGH RIDGE, MO 63049	NONE	PC	CHARITABLE WORK	1,000.
Total from continuation sheets				

**[Part XV] Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THINK NEW MEXICO 1227 PASEO DE PERALTA SANTA FE, NM 87501	NONE	PC	CHARITABLE WORK	1,000.
UNITED WAY OF NORTHERN NEW MEXICO 1200 TRINITY DRIVE LOS ALAMOS, NM 87544	NONE	PC	CHARITABLE WORK	25,000.
UNIVERSITY CITY CHILDRENS CENTER 6646 VERNON AVE UNIVERSITY CITY, MO 63130	NONE	PC	CHARITABLE WORK	250.
URBAN SCHOLASTIC CENTER 2900 MINNESOTA AVE KANSAS CITY, KS 66102	NONE	PC	CHARITABLE WORK	1,000.
VISION ST CHARLES COUNTY LEADERSHIP PROGRAM PO BOX 1104 ST PETERS, MO 63376	NONE	PC	CHARITABLE WORK	150.
WOMENS FOUNDATION 2100 CENTRAL STREET NO 11E KANSAS CITY, MO 64108	NONE	PC	CHARITABLE WORK	250.
YMCA 3150 SUBLETTE AVE ST LOUIS, MO 63139	NONE	PC	CHARITABLE WORK	802.
YWCA METRO ST LOUIS 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	PC	CHARITABLE WORK	500.
NEW DIMENSIONS SOCCER 9060 WATSON RD STE C SAINT LOUIS, MO 63126	NONE	PC	CHARITABLE WORK	250.
Total from continuation sheets				



## Part XVII

**Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

- |  |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
|--|---|--|-----|--|--|--------------|--|--------------|--|--|--|--------------|--|--------------|--|--------------|--|--------------|--|--------------|--|--------------|--|-----------|--|
| <p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p><b>b</b> Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p><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 value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.</p> | <table border="1"> <tr> <td></td><td>Yes</td></tr> <tr> <td></td><td></td></tr> <tr> <td><b>1a(1)</b></td><td></td></tr> <tr> <td><b>1a(2)</b></td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td><b>1b(1)</b></td><td></td></tr> <tr> <td><b>1b(2)</b></td><td></td></tr> <tr> <td><b>1b(3)</b></td><td></td></tr> <tr> <td><b>1b(4)</b></td><td></td></tr> <tr> <td><b>1b(5)</b></td><td></td></tr> <tr> <td><b>1b(6)</b></td><td></td></tr> <tr> <td><b>1c</b></td><td></td></tr> </table> |  | Yes |  |  | <b>1a(1)</b> |  | <b>1a(2)</b> |  |  |  | <b>1b(1)</b> |  | <b>1b(2)</b> |  | <b>1b(3)</b> |  | <b>1b(4)</b> |  | <b>1b(5)</b> |  | <b>1b(6)</b> |  | <b>1c</b> |  |
|  | Yes   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
|  |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1a(1)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1a(2)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
|  |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(1)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(2)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(3)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(4)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(5)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1b(6)</b>   |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |
| <b>1c</b>  |   |  |     |  |  |              |  |              |  |  |  |              |  |              |  |              |  |              |  |              |  |              |  |           |  |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 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?

Yes ☒ No

- b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

11/16/2020

Date \_\_\_\_\_

**DIRECTOR**

Title

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes

No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

JEFF JOHNSON

Preparer's signature

Jeff R. Johnson

Date \_\_\_\_\_

10/25/2000

Check  
self- employed

PTIN

P00445207

Firm's name ► **DELOITTE TAX LLP**

Firm's EIN ► 86-1065772

Firm's address ► 1100 WALNUT STREET  
KANSAS CITY, MO 64106

Phone no. 8164746180

Form **990-PF** (2019)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Name of the organization

Employer identification number

**ENTERPRISE BANK & TRUST FOUNDATION****82-3814212**

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**

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

Name of organization

Employer identification number

**ENTERPRISE BANK & TRUST FOUNDATION****82-3814212****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>ENTERPRISE BANK &amp; TRUST</b> <b>150 N MERAMEC</b> <b>CLAYTON, MO 63105</b>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

82-3814212

## Part II

[illegible]



Name of organization

Employer identification number

**ENTERPRISE BANK & TRUST FOUNDATION****82-3814212****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

## FORM 990-PF

## LEGAL FEES

## STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,209.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	1,209.	0.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSE FEE	16.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	16.	0.	0.	0.

## FORM 990-PF

## OTHER ASSETS

## STATEMENT 3

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PROGRAM RELATED INVESTMENTS	0.	1,550,000.	1,550,000.
TO FORM 990-PF, PART II, LINE 15	0.	1,550,000.	1,550,000.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK PONDER 1281 N WARSON ROAD SAINT LOUIS, MO 63132	TREASURER 1.00	0.	0.	0.
SCOTT GOODMAN 150 N MERAMEC CLAYTON, MO 63105	PRESIDENT 0.50	0.	0.	0.
ROBYN HEIDGER 150 N MERAMEC CLAYTON, MO 63105	SECRETARY 5.00	0.	0.	0.
LORRIE WHITE 1281 N WARSON ROAD SAINT LOUIS, MO 63132	DIRECTOR 0.50	0.	0.	0.
NICOLE IANNAcone 1281 N WARSON ROAD SAINT LOUIS, MO 63132	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 5

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

ROBYN HEIDGER  
150 N MERAMEC AVE  
CLAYTON, MO 63105

---

TELEPHONE NUMBER

---

314-512-7234

---

EMAIL ADDRESS

---

RHEIDGER@ENTERPRISEBANK.COM

---

FORM AND CONTENT OF APPLICATIONS

---

NAME OF PERSON COMPLETING FORM  
AMOUNT REQUESTED  
NAME OF ORGANIZATION  
MAILING ADDRESS  
ORGANIZATION'S WEBSITE  
DESCRIPTION OF THE ORGANIZATION'S MISSION  
RELATIONSHIP TO THE ORGANIZATION  
IS THE ORGANIZATION A REGISTERED 501(C)(3)?  
ORGANIZATION'S TAX ID #

---

ANY SUBMISSION DEADLINES

---

SUBMISSIONS FOR THE CURRENT MONTH MUST BE SUBMITTED BY THE 20TH OF THAT MONTH.

---

RESTRICTIONS AND LIMITATIONS ON AWARDS

---

GEOGRAPHICAL AREAS TO BE CONSIDERED INCLUDE ST. LOUIS, KANSAS CITY, AND PHOENIX AND THEIR SURROUNDING METROPOLITAN AREAS.