Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2019

Nan		lendar year 2019 or tax year beginning		. 2019	, and ending		. 20		
				,					
		foundation				A Employer identi			
		eres				83-26665	555		
Nun	nber	and street (or P O box number if mail is not delivered to	street address)		Room/suite	B Telephone number (see instructions)			
_		Andes Blvd		——————————————————————————————————————		314-214-	2700		
City	or to	own, state or province, country, and ZIP or foreign posta	il code				_		
						C If exemption application pending, check here	ation is		
_		Louis, MO 63132	777						
G	Che	ck all that apply Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organiza	ations, check here		
		Final return	Amended re	turn		2 Foreign organiza	ations meeting the		
		Address change	Name chang			85% test, check computation	here and attach		
H_ (Che	ck type of organization X Section 501(c)(3) exempt private t	foundation	110				
Ĺ	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	rivate foundat	tion UN	E If private foundation	o)(1)(A), check here		
1 1	Fair	market value of all assets at J Acco	unting method C	ash X Acc	rual	1	s in a 60-month termination		
•	end	of year (from Part II, col (c), line O	ther (specify)				p)(1)(B), check here		
	16)	▶ \$ 200,000.00 (Part I,	column (d), must be on c	ash basis)		1	· 		
Pá	art l	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements		
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net inve	j j	(c) Adjusted net income	for charitable purposes		
_		column (a) (see instructions))	books				(cash basis only)		
Т	1	Contributions, gifts, grants, etc., received (attach schedule) .	548,242.00						
	2	Check If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments.							
	4	Dividends and interest from securities	•			-			
	5a	Gross rents					ŀ		
	b	Net rental income or (loss)					1		
<u>ه</u>		Net gain or (loss) from sale of assets not on line 10							
룄	þ	Gross sales price for all assets on line 6a					,		
evenue	7	Capital gain net income (from Part IV, line 2)					2		
MI.	8	Net short-term capital gain				· · · · · · · · · · · · · · · · · · ·	,		
	9	Income modifications							
1	0 a	Gross sales less returns and allowances	1 11	. 1.0		ender a conteguelle The colours of edulati	u i fni ii		
	ь	Less Cost of goods sold .	г г епын е , та		•		1		
		Gross profit or (loss) (attach schedule)	-				†		
1	1	Other income (attach schedule)					1		
1	2	Total Add lines 1 through 11	548,242.00				e ,		
	3	Compensation of officers, directors, trustees, etc							
S 1		Other employee salaries and wages				_			
eus 1	_	Donasan niana, ampiasan banafsta							
Ž 1	6 a	Legal fees (esteel)-sophecule)-							
ij	b	Accounting fees (attach schedule)		,					
3	С	Otheoprofessional tees (attach schedule)							
וַפַּ	7	Interes INUV . & 4							
<u>[</u>]	8	Taxes (attach schedule) (see instructions)							
<u> </u>	9	Depreciation (attach-schedule) and depletion.					i		
5 2	0	Occupancy GDEN, UI							
		Travel, conferences, and meetings							
Ē 2	2	Printing and publications	·						
[2] 2	3	Other expenses (attach schedule)							
E 2	4	Total operating and administrative expenses.							
perat⊪		Add lines 13 through 23					<u></u>		
5 2	5	Contributions, gifts, grants paid	348,242.00				348,242.00		
2		Total expenses and disbursements Add lines 24 and 25	348,242.00				348,242.00		
2		Subtract line 26 from line 12					1		
		Excess of revenue over expenses and disbursements	200,000.00						
		Net investment income (if negative, enter -0-)	·				7		
		Adjusted net income (if negative, enter -0-).					3		

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000

SCANNED NOV 0 2 2021

Form 990-PF (2019)

		-F1 (2019)		 -	,		raye Z
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year (a) Book Value	(b) Book Value	d of ye	car (c) Fair Market Value
_		Oh	amounts only (See instructions)	(a) DOOK Value	195,000.00		195,000.00
	1		cash investments	-	130,000.0	-	130,000.00
	2 3	Accounts receivable	5,000.00			_	
	-	Less allowance for dou	ubtful accounts ▶0.00		5,000.0	o l	5,000.00
	4	Pledges receivable ►					
	"		ubtful accounts ▶	-		`	
	5						
	6		officers, directors, trustees, and other				
	•		ttach schedule) (see instructions)		1		
	7		receivable (attach schedule)				
	,		ubtful accounts ▶				
ध	8		SP				\ <u></u>
Assets	9		deferred charges				
As			te government obligations (attach schedule).		********************************		
			e stock (attach schedule)				
			e bonds (attach schedule)		***************************************		
	11	Investments - land, building	5, ▶				
		Less accumulated deprecia	ation >				
	12	Investments = mortgage	Inans				
	13		ach schedule)				
	14	Land, buildings, and equipment basis	<u> </u>	• 1	1 14		ļ
		Less accumulated deprecia	ation >				
			>)				
			completed by all filers - see the				
_		instructions Also, see p	page 1, item I)		200,000.00	<u> </u>	200,000.00
	17	Accounts payable and a	accrued expenses			\bot	
	18	Grants payable				\bot	
es	19	Deferred revenue				\bot	
≣	20	Loans from officers, directo	ors, trustees, and other disqualified persons				···
Liabilities	21		otes payable (attach schedule)				
_	22	Other liabilities (describe	e▶ <u>Intercompany - Due To</u>)		200,000.00	<u>) </u>	
					000 000 0	_ ا	
_			es 17 through 22)		200,000.00	4	
alances			w FASB ASC 958, check here				
Ĕ		and complete lines 24,					•
			or restrictions			+	
ᄪ	25		estrictions			+	1
Fund		and complete lines 26 thr	follow FASB ASC 958, check here				
느	26	•	-				;
000	27	•	cipal, or current funds			+	
šet	28		ulated income, endowment, or other funds	· —		_	•
ASS	27 28 29 30	•	d balances (see instructions)		200,000.00	5	
et/	30		net assets/fund balances (see		200,000.00	\top	
ž					200,000.00	o	f
E	art II		nges in Net Assets or Fund Bala	nces	·		
			balances at beginning of year - Part I		must agree with		
			ed on prior year's return)				NONE
2			, line 27a			!	200,000.00
			ded in line 2 (itemize) ▶			}	
						J.	200,000.00
		reases not included in			5	<u> </u>	
_6	Tota	al net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (b), line 29 6	<u> </u>	200,000.00
							Form 990-PF (2019)

Part IV Capital Gain	s and Losses for Tax on Inv	estment Income			
(a) List and d	(b) How acquired	(c) Date acquired	(d) Date sold		
2-story	brick warehouse, or common stock, 200	Shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)
<u>1 a</u>			 		*******
<u>b</u>				ļ	
<u>C</u>				ļ	
d		· · · · · · · · · · · · · · · · · · ·		 	
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a		ļ			
<u>b</u>					
<u>C</u>					
<u>d</u>					
e Caralata and farancia		d by the foundation on 42/24/60			
Complete only for assets	showing gain in column (h) and owned			Gains (Col (h) ga	
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
a					
b					
<u>d</u>			!		
e	<u> </u>		 		
2 Capital gain net income	e or (net capital loss)	gain, also enter in Part I, line 7			
. •	· · · · · · · · · · · · · · · · · · ·	loss), enter -0- in Part I, line 7	2		
	gain or (loss) as defined in sections				
•	Part I, line 8, column (c) See ins	1			
			3		
		educed Tax on Net Investment In the section 4940(a) tax on net investi			
	or the section 4942 tax on the distri	butable amount of any year in the b	ase perio	d?] Yes ⊠ No
	sn't qualify under section 4940(e)			.4	
1 Enter the appropriate a		ear, see the instructions before make	ng any er I	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2018			ļ		
			ļ		
2016					····
2015					
2014	<u> </u>		 		
			2		
- C	itio for the 5-year base period - divid				
the number of years the	e foundation has been in existence	e if less than 5 years	3		
				1.0	0 401 70
4 Enter the net value of	noncharitable-use assets for 2019	from Part X, line 5	4	<u></u>	8,401.79
			_		
5 Multiply line 4 by line 3	3		5	<u>.</u>	
6 Enter 1% of net investi	ment income (1% of Part L line 27h))	6		
7 Add lines 5 and 6			7		
8 Enter qualifying distrib	utions from Part XII, line 4		8	34	18,242.00
If line 8 is equal to or	greater than line 7, check the box	x in Part VI, line 1b, and complete	that part		

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 X and enter 1% of Part I, line 27b			;
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			- 1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		_	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			i
b	Exempt foreign organizations - tax withheld at source 6b			•
С	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld 6d			! }
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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			
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1
	(1) On the foundation ►\$ 0.00 (2) On foundation managers ►\$ 0.00			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$ 0.00	h _	-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-		· ·
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By chate logislation that offertively amonds the governing instrument so that no mandatory directions that			1
	• 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?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			1
od	MO			+
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
U	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8 _b	Х	• }
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or			1.
J	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	9		x (
40				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	Х	

Par	t 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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶			
14	The books are in care of ▶ Accounting Department Telephone no ▶ 314-214-	2700		
• •	Located at ▶ 1260 Andes Blvd., St. Louis, MO ZIP+4 ▶ 63132			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, 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			
Par	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			!
	disqualified person?			ì
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			!
	(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)?			l i
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	1		
	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)			
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	1b	1	
	Organizations relying on a current notice regarding disaster assistance, check here			5
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	-	$\frac{1}{X}$
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))	:		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			, 1
-	6d and 6e) for tax year(s) beginning before 2019?	.		F
	If "Yes," list the years ▶			1
h	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	.		1
	all years listed, answer "No" and attach statement - see instructions)	2b	"	- 7
С	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	.		. 1
	at any time during the year?	.		
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	,		i
	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)	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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?	4b	-	. X

Page 6

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (cont	ınued)			
5a	During the year, did the foundation pay or incur any an	nount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	uence legislation (section		,				
	(2) Influence the outcome of any specific public e	lection (see section		,				
	directly or indirectly, any voter registration drive?.			. Yes	X No	,		
	(3) Provide a grant to an individual for travel, study, or		X No					
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? See instructions			Yes	X No			
	(5) Provide for any purpose other than religious, of							#
	purposes, or for the prevention of cruelty to children	n or animals?		. Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e transactions fail to	qualify under the e	xceptions des	cribed in			
	Regulations section 53 4945 or in a current notice rega	ırdıng dısaster assıstar	nce? See instructions.			5 b		
	Organizations relying on a current notice regarding dis-	aster assistance, check	here		▶[*
С	If the answer is "Yes" to question 5a(4), does the	e foundation claim e	exemption from the t	ax		İ		
	because it maintained expenditure responsibility for the	grant?		Yes	U No			. 1
	If "Yes," attach the statement required by Regulations	section 53 4945-5(d)						. !
6a	Did the foundation, during the year, receive any fu	ınds, directly or indii	ectly, to pay premiur	ns		ŀ		,
	on a personal benefit contract?			. L Yes	X No		L	
b	Did the foundation, during the year, pay premiums, di	ectly or indirectly, on a	a personal benefit contra	ct?		6b		X
	If "Yes" to 6b, file Form 8870					'		
7a	At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?.	. Yes	X No		. n. ur hr	
b	If "Yes," did the foundation receive any proceeds or ha	ave any net income att	ributable to the transact	on ⁹		7b		
8	Is the foundation subject to the section 4960 tax on pa	•			<u> </u>	- 1		i
	remuneration or excess parachute payment(s) during th	e year?		Yes	X No		ļ.,	i
Par	t VIII Information About Officers, Directors	ors, Trustees, Fol	indation Wanagers	s, Hignly Pa	на Етр	ioyees,		
-		4		<u> </u>	•			
1	List all officers, directors, trustees, and founda							
	(a) Name and address	(b) Title, and average hours per week devoted to position	their compensation (c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene and deferred con	ons to fit plans	(e) Expen	se accou	
		(b) Title, and average hours per week devoted to position Director	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to fit plans			
Chri	(a) Name and address	(b) Title, and average hours per week devoted to position Director President	(c) Compensation (If not paid,	(d) Contribut employee bene	ons to fit plans			
Chri	(a) Name and address	(b) Title, and average hours per week devoted to position Director President Director	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ons to fit plans			
Chr: Josi	(a) Name and address istopher Alberta nua J. Siano	(b) Title, and average hours per week devoted to position Director President	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ons to fit plans			
Chr: Josi	(a) Name and address	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ons to fit plans			
Chr: Josi	(a) Name and address istopher Alberta nua J. Siano	(b) Title, and average hours per week devoted to position Director President Director Treasurer	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ons to fit plans			
Chr: Josi	(a) Name and address istopher Alberta nua J. Siano	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director	(c) Compensation (if not paid, enter -0-) 0.00	(d) Contribut employee bene	ons to fit plans			
Chr: Josh	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary	(c) Compensation (if not paid, enter -0-) 0.00 0.00	(d) Contribut employee bene and deferred con	ons to fit plans ppensation	other a	lowance	
Ohr: Josh	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary	(c) Compensation (if not paid, enter -0-) 0.00 0.00	(d) Contribut employee bene and deferred con	ons to fit plans ppensation	other a	lowance	
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contributemployee beneated and deterred con	nstructio	ns). If n	one,	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.00 0.00	(d) Contribute and deferred con	nstructio	ns). If n	one,	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Josh Alex	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) 0.00 0.00 o.00	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter
Z (a)	(a) Name and address istopher Alberta nua J. Siano kander S.Y. Lee Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director President Director Treasurer Director Secretary (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-) 0.00 0.00 0.00 ce included on line (c) Compensation	(d) Contribute and deferred con	nstructio	ns). If n	one, o	enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	ees,
3 Five	highest-paid independent contractors for professional services. 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		
		· <u> </u>
	,	-
		
	·····	
Total numb	er of others receiving over \$50,000 for professional services	
Part IX-A		
List the fou	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ins and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Corec	ivic Foundation - to support former offenders, victims of crime and	
abuse	, and underserved youth	
		80,000.00
	ees of the University of Pennsylvania -Center for Carceral Communities	
to he	lp people with a history of incarceration re-engage with the community	
		45,000.00
	ott Foundation for People with Disabilities, Inc - to foster the yment of young people with disabilities	
empro	yment of young people with disabilities	25,000.00
4 St. J	udes Children's Research Hospital - to advance cures and means of	23,000.00
	ntion, for pediatric catastrophic diseases through research and	
treat		20,000.00
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe ti	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other p	rogram-related investments. See instructions	
3		
-		
Total. Add	lines 1 through 3	

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	oundations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc., poses		
а	Ave	rage monthly fair market value of securities	1a	NONE
		rage of monthly cash balances	1b	160,814.00
С	Fair	market value of all other assets (see instructions)	1c	NONE
d	Tota	al (add lines 1a, b, and c)	1d	160,814.00
е	Red	luction claimed for blockage or other factors reported on lines 1a and		-
	1c ((attach detailed explanation)		
2		uisition indebtedness applicable to line 1 assets	2	NONE
3		otract line 2 from line 1d	3	160,814.00
4		h deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınst	ructions), ,	4	2,412.21
5	Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	158,401.79
6	Min	ımum ınvestment return. Enter 5% of line 5	6	7,920.09
Pa	rt XI		dation	ns
1	Mini	imum investment return from Part X, line 6	1	7,920.09
2 a	Tax	on investment income for 2019 from Part VI, line 5 2a NONE		
b		ome tax for 2019 (This does not include the tax from Part VI). 2b NONE		
С		l lines 2a and 2b	2c	NONE
3		tributable amount before adjustments Subtract line 2c from line 1	3	7,920.09
4		coveries of amounts treated as qualifying distributions	4	NONE
5		l lines 3 and 4	5	7,920.09
6		fuction from distributable amount (see instructions)	6	NONE
7		tributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
		1	7	7,920.09
Pa		Qualifying Distributions (see Instructions)		
1		ounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Exp	enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	348,242.00
b		gram-related investments - total from Part IX-B	1b	NONE
2	Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	İ	
	purp	poses	2	NONE
3	Amo	ounts set aside for specific charitable projects that satisfy the		
а	Suit	ability test (prior IRS approval required)	3a	NONE
b	Cas	h distribution test (attach the required schedule)	3b	NONE
4	Qua	lifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	348,242.00
5	Fou	ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		er 1% of Part I, line 27b See instructions	5	NONE
6		usted qualifying distributions. Subtract line 5 from line 4		348,242.00
	Not	e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculati	ng whether the foundation

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Page 9

Рa	rt XIII Undistributed Income (see instr	uctions)		*****	
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•					7,920.09
_	line 7				1/320.03
_	Undistributed income, if any, as of the end of 2019			NONE	İ
	Enter amount for 2018 only		NONE	INOINE	
	Total for pnor years 20,20,20		NONE	*****	
3	Excess distributions carryover, if any, to 2019				i
а	From 2014 NONE				!
b	From 2015 NONE				•
С	From 2016 NONE				ı
d	From 2017 NONE		İ		,
e	From 2018 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 348,242.00			NONE	,
а	Applied to 2018, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		,
c	Treated as distributions out of corpus (Election				
•	required - see instructions)	NONE			١
d	Applied to 2019 distributable amount				7,920.09
	Remaining amount distributed out of corpus	340,321 91	_ s sentition	ra ne e de dana e de e	these time comments a other
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same	NONE			NONE
6	amount must be shown in column (a)) Enter the net total of each column as		,		1
	indicated below:	340,321.91			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	340,321.71			
b	Prior years' undistributed income Subtract		NONE		
	line 4b from line 2b		NOIVE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				,
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				,
	amount - see instructions		NONE		<u> </u>
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	
	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus			1	1
•	to satisfy requirements imposed by section	•			
	1/0(b)(1)(I) of 4942(g)(3) (Liection may be		es compa	4 1 1000	n gutuu oo u sanga uu a qaagues tartu soo gu
	required - see instructions)	NONE	r sequence # gr	4	a armonomers and are another
_					
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONE		. 7.1	
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	340,321.91	, (р. п. г		
40					Ī
	Analysis of line 9 Excess from 2015 NONE	்தா முழு ஆரை ச	1 o n t , 7 m	· m milit	o çator
	NONE				
	NONE				1
	Excess from 2017 NONE	Laura antarota i i i i j		- այ արտարա	or and
	l Evcess from 2018 NONE	t tingk (profesionals s + 1	· ·	* Harrison III	ļ · · · ····
е	Excess from 2019 340, 321.91				į

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JSA 9E1490 1 000

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Durages of great or	
Name and address (home or business)	any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
See Attached				
See Accached				
				<i>'</i>
•				
Total			▶ 3a	348,242.00
b Approved for future payment				000,000
b ripproved for fatare paymont				
			•	
•				

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			<u>_</u>
	amounts unless otherwise indicated	1	ated business income	Excluded b	y section 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
_						(See msudctions)
. —						
f						-
g Fees	and contracts from government agencies					
=	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities					
5 Net rent	al income or (loss) from real estate					
a Debt	-financed property			ļ		
b Not o	debt-financed property			ļ		
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events					
-	rofit or (loss) from sales of inventory					
	venue a					
					 :	
						-
e	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)			1	13	NONE
	heet in line 13 instructions to verify calci					110112
Part XVI-			ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activity		•		• •	uted importantly to the
▼	accomplishment of the foundation	-			·	•
	decemplishment of the realization					
 						
					·	
				-		
	1					

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Part	XVII	Information Re Organizations	egarding Tran	sfers to and Transactio	ns and F	Relationsh	ips With Noncha	ritable E	xemut
I	n sec			engage in any of the following 501(c)(3) organizations) or				Yes	s No
				a noncharitable exempt orga				1a(1)	X
(2) Oth	er assets						10(2)	
		ransactions.						10(2)	+
(1) Sal	es of assets to a no	ncharitable exen	npt organization				15(1)	
				ole exempt organization					X
				assets					X
									X
(5) Loa	ins or loan guarantee	es					1b(5)	X
(6) Per	formance of service	s or membershi	p or fundraising solicitations .				16(5)	1
				s, other assets, or paid emplo				1	
\	alue o	of the goods, other	assets, or service	s," complete the following s ses given by the reporting for ement, show in column (d)	undation	If the found	dation received less	than fair i	market
(a) Line		(b) Amount involved		oncharitable exempt organization	$\overline{}$		sfers, transactions, and sha		
				<u> </u>				<u> </u>	
						<u></u>			_
					ļ				
					 				
					 				
	-				+				
	-	 -			 				
					+				
		-							••
	- -				 				
	-								
									
2a !	s the flescrib	foundation directly ed in section 501(c)	or indirectly affi (other than sec	liated with, or related to, or tion 501(c)(3)) or in section 5	e or more 277	tax-exemp	it organizations	Yes 2	K No
_ <u>b l</u> i	f "Yes,	" complete the follo	wing schedule						
		(a) Name of organization	n	(b) Type of organization			(c) Description of relations	hip	
								-	-
<u> </u>	Under	penalties of penuity I deck and complete Declaration of	e that I have examine preparer (other than tax	ed this return, including accompanying spayer) is based on all information of which	chedules and preparer has ar	statements, and ny knowledge.			
Sign		1 1//	/	1/4/2/	CFO			discuss this	
Here	Sign	ature of affice or trustee		Date	Title		See Instruction	s Yes	No.
Paid		Print/Type preparer's na	me	Preparer's signature		Date	Check : F	PT!N	
Prepa	arer	Firm's name					Firm's EIN		
Use (Only	Firm's address							
	•						Phone no.		
							For	m 990-РF	(2019)

Part VII-A - Statements Regarding Activities

10 List of persons who became substantial contributors during the tax year.

Name Address

TKC Holdings, LLC 1260 Andes Blvd, St Louis, MO 63132

. .

If recipient is an individual, show any relationship to any foundation manager or Foundation Purpose of grant or

		foundation manager or	Foundation	Purpose of grant or	
Recipient	Address	substantial contributor	Status	contribution	Amount
FRIENDS OF KIDS WITH CANCER INC	530 Maryville Centre Dr, Ste LLS, St Louis, MO 63141	n/a	PC	General Fund	\$600
AMERICAN CANCER SOCIETY	250 Williams Street, NW Suite 400, Atlanta, GA 30303-1002	n/a	PC	General Fund	\$500
ARKANSAS ASSOCIATION OF CORRECTIONAL EMPLOYEES TR	2403 E Harding Ave, Pine Bluff, AR 71601	n/a	PC	General Fund	\$6,000
MARRIOTT FOUNDATION FOR PEOPLE WITH DISABILITIES INC	10400 Fernwood Road, Bethesda, MD 20817	n/a	PC	General Fund	\$25,000
HYATT FOUNDATION	150 N Riverside Plaza, Chicago, IL 60606-1594	n/a	PF	General Fund	\$2,000
ASSOCIATION OF WOMEN EXECUTIVES IN CORRECTIONS	8 Stiles Road, Canton, NY 13617	n/a	PC	General Fund	\$12,000
BUTTE COUNTY CORRECTIONAL OFFICERS ASSOCIATION	PO Box 5639, Oroville, CA 95966-0639	n/a	PC	General Fund	\$1,000
BENTON COUNTY SHERIFFS OFFICE POLICE ATHLETIC LEAGUE	1300 SW 14th Street, Bentonville, AR 72712	n/a	PC	General Fund	\$1,000
BIG BROTHERS BIG SISTERS OF EASTERN MISSOURI	501 North Grand, Ste 100, St Louis, MO 63103	n/a	PC	General Fund	\$4,200
BUCKEYE STATE SHERIFFS ASSOCIATION	1103 Schrock Road, NO 401, Columbus, OH 43229	n/a	PC	General Fund	\$500
C I HOLDER MINISTRIES INC	604 N Highway 27, Minneola, FL 34715	n/a	PC DC	General Fund	\$1,000
CALIFORNIA STATE SHERIFFS ASSOCIATION FOUNDATION INC	1231 Street #200, Sacramento, CA 95814	n/a	PC PC	General Fund General Fund	\$1,250
CHANCE FOR LIFE ORGANIZATION INC	2000 Town Center, Suite 1140, Southfield, MI 48075	n/a n/a	PC		\$10,000 \$1,500
CHEROKEE COUNTY SHERIFFS FOUNDATION INC JOHNSON COUNTY CHILDRENS ADVOCACY CENTER	609 Green Leaf Way, Ball Ground, GA 30107	n/a n/a	PC	General Fund General Fund	\$1,000
CHILDRENS ADVOCACY CENTER OF SMITH COUNTY	910 Granbury Street, Cleburne, TX 76033 2210 Frankston Hwy, Tyler, TX 75701	n/a	PC	General Fund	\$1,050
CALIFORNIA JAIL PROGRAMS ASSOCIATION	600 S Todd Rd, Santa Paula, CA 93060	n/a	PC	General Fund	\$804
THE CORECIVIC FOUNDATION	5501 Virginia Way, Ste 110, Brentwood, TN 37027	n/a	PC	General Fund	\$80,000
CRIME STOPPERS OF OCONEE COUNTY INC	415 South Pine Street, Walhalla, SC 29691	n/a	PC	General Fund	\$340
DEMETRIOUS JOHNSON CHARITABLE FOUNDATION	840 Garonne Dr, Ballwin, MO 63021-5656	n/a	PC	General Fund	\$2,500
DSA OF ALAMEDA COUNTY CHARITABLE FOUNDATION	PO Box 11937, Pleasanton, CA 94588	n/a	PC	General Fund	\$2,500
EL PASO COUNTY SHERIFF	27 E Vermijo Ave, Colorado Springs, CO 80903	n/a	PC	General Fund	\$833
EMPLOYEE FUND FOR THE WEST VIRGINIA CORRECTIONS WOR		n/a	PC	General Fund	\$1,500
EAST TEXAS PEACE OFFICERS ASSOCIATION	PO Box 631052, Nacogdoches, TX 75963-1052	n/a	PC	General Fund	\$1,000
FIRST COAST CRIME STOPPERS INC	PO Box 47875, Jacksonville, FL 32247	n/a	PC	General Fund	\$600
GEORGIA SHERIFF ASSOCIATION	PO Box 1000 Stockbridge, GA 30281	n/a	PC	General Fund	\$1,085
GREAT WOLF RESORTS SCHOLARSHIP PROGRAM	9494 Federal Drive, Colorado Springs, CO 80921	n/a	PF	General Fund	\$1,000
HSCO CHARITIES INC	2008 East 8th Avenue, Tampa, FL 33605	n/a	PC	General Fund	\$3,000
Thompson, Nikki	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Moye, Shannon Chanel	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Leavins, Stacey Renee	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Odom, Jerica B	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Stevens, Carretta Neshanta	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Robinson, Mae	1260 Andes Blvd, St Louis, MO 63132	none	I	Disaster Relief	\$888
Cannon, Stephanie R	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
Rhodes, Cynthia	1260 Andes Blvd, St Louis, MO 63132	none	1	Disaster Relief	\$888
LONE SURVIVOR FOUNDATION	1414 11th Street, Huntsville, TX 77340	n/a	PC	General Fund	\$10,000
COMMUNITY FOUNDATION OF GREATER MEMPHIS INC	1900 Union Avenue, Memphis, TN 38104	n/a	PC	General Fund	\$2,500
MORGAN COUNTY SHERIFFS MOUNTED POSSE	PO Box 1130, Decatur, AL 35602	n/a	PC	General Fund	\$5,000
NATIONAL ASSOCIATION OF BLACKS IN CRIMINAL JUSTICE INC	PO Box 20011-C, Durham, NC 27707	n/a	PC	General Fund	\$12,500
NORTH CAROLINA SHERIFFS ASSOCIATION INC	PO 80x 20049, Raleigh, NC 27619	n/a	PC	General Fund	\$2,750
OHIO WARDENS AND SUPERINTENDENTS ASSOCIATION	2385 Garey Road NE, Junction City, OH 43748	n/a	PC	General Fund	\$6,500
PASCO SHERIFFS CHARITIES INC	PO Box 1743, Port Richey, FL 33668	n/a	PC	General Fund	\$2,500
PASCO SHERIFFS CHARITIES INC	PO Box 1743, Port Richey, FL 33668	n/a	PC	General Fund	\$2,500
PENNSYLVANIA PRISON WARDENS ASSOCIATION	700 Rishel Hill Road, Bellefonte, PA 16823	n/a	PC	General Fund	\$1,800
FLORIDA SHERIFFS YOUTH RANCHES INC	PO Box 2000, Boys Ranch, FL 32064	n/a	PC	General Fund	\$16,000
SHERIFFS ASSISTANCE FOR EMPLOYEES INC	909 Court, Pueblo, CO 81003	n/a	PC	General Fund	\$375
SHERIFFS ASSISTANCE FOR EMPLOYEES INC	909 Court, Pueblo, CO 81003	n/a	PC	General Fund	\$500
DAR E AMERICA	400 Corporate Pointe Suite 500, Culver City, CA 90230	n/a	PC	General Fund	\$540 \$300
SC GANG INVESTIGATORS ASSOCIATION	120 E Black St, Rock Hill, SC 29730	n/a	PC PC	General Fund	\$300
PENNSYLVANIA WOUNDED WARRIOR PROJECT	2665 Lake Meade Road, East Berlin, PA 17316	n/a	PC	General Fund General Fund	\$500
SHERIFFS ASSOCIATION OF TEXAS INC	1601 South IH-35, Austin, TX 78741	n/a n/a	PC	General Fund	\$5,000
SHERIFFS CHARITIES INC SPECIAL OLYMPICS VIRGINIA INC	PO Box 1743, Port Richey, FL 33668 3212 Skipwith Road NO 100, Richmond, VA 23294	n/a n/a	PC	General Fund	\$6,000 \$19,140
	· · · · · · · · · · · · · · · · · · ·	. 1-	PC	General Fund	\$480
SPECIAL OLYMPICS NORTHERN CALIFORNIA INC	3480 Buskirk Ave NO 340, Pleasant Hill, CA 94523 6046 Financial Drive, Norcross, GA 30071	n/a n/a	PC	General Fund	\$250
SPECIAL OLYMPICS GEORGIA INC ST LOUIS POLICE FOUNDATION	9761 Clayton Road, St Louis, MO 63124	n/a	PC	General Fund	\$5,000
ST JUDE CHILDRENS RESEARCH HOSPITAL INC	262 Danny Thomas Place, Memphis, TN 38105	n/a	PC	General Fund	\$20,000
SUMTER COUNTY SHERIFFS OFFICE BENEVOLENT ASSOCIATION		n/a	PC	General Fund	\$1,000
LAW ENFORCEMENT FOR LITTLE ONES	2051 Parkview Drive, Suite 630, Fort Worth, TX 76102	n/a	PC	General Fund	\$400
SPECIAL OLYMPICS COLORADO	12450 E Arapahoe Road, Ste C, Centennial, CO 80112	n/a	PC	General Fund	\$500
TEXAS JAIL ASSOCIATION	PO Box 2296, Huntsville, TX 77341	n/a	PC	General Fund	\$520
FORTUNE SOCIETY	29-76 Northern Boulevard, Long Island City, NY 11101	n/a	PC	General Fund	\$3,000
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	3451 Walnut Street, Philadelphia, PA 19104	n/a	PC	General Fund	\$45,000
ULSTER COUNTY SHERIFFS EMPLOYEES	PO Box 1566, Kingston, NY 12402	n/a	PC	General Fund	\$460
SPECIAL OLYMPICS VIRGINIA INC	3212 Skipwith Road NO 100, Richmond, VA 23294	n/a	PC	General Fund	\$860
LUBBOCK RAPE CRISIS CENTER	PO Box 2000, Lubbock, TX 79457	n/a	PC	General Fund	\$500
EMPLOYEE FUND FOR THE WEST VIRGINIA CORRECTIONS WOR		n/a	PC	General Fund	\$5,000
	·				\$348,242

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization		Employer identification number
TKCares		83-2666555
Organization type (check one)		03 2000333
	.	
Filers of:	Section:	
Form 990 or 990-EZ	EZ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	ındatıon
,	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
, ,	overed by the General Rule or a Special Rule.	· · · · · · · · · · · · · · · · · · ·
Note: Only a section 501(c)(7), instructions	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction tributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of (1)
contributor, during th	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rele year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Comple	naritable, scientific,
contributor, during th contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions in exclusively religious, charitable, etc., purpose. Don't complete any of the tothis organization because it received nonexclusively religious, charitable preduring the year	ut no such s that were received parts unless the e, etc , contributions
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schools answer "No" on Part IV, line 2, of its Form 990, or check the box on line locertify that it doesn't meet the filing requirements of Schedule B (Form 990)	H of its Form 990-EZ or on its

Name of organization

Employer identification number

TKCar	es		83-2666555
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TKC Holdings, LLC 1260 Andes Blvd. St. Louis, MO 63132	\$ 548,242.00	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)
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number TKCares 83-2666555

Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

TKCares

83-2666555

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

	duplicate copies of Part III if addit	onal space is needed	
No om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
No m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	ad ZIP + 4	Relationship of transferor to transferee
No m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee