MAHER & COMPANY PC 101 S. HANLEY STE. 1325 SAINT LOUIS, MO 63105

### ST. LOUIS COUNTY PARKS FOUNDATION 12105 TRENTMORE PLACE ST. LOUIS, MO 63127

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CLIENT'S COPY

MAHER & COMPANY PC 101 S. HANLEY, SUITE 1325 SAINT LOUIS, MO 63105

NOVEMBER 13, 2018

ST. LOUIS COUNTY PARKS FOUNDATION 12105 TRENTMORE PLACE ST. LOUIS, MO 63127

DEAR ERIC:

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE

CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

MAHER & COMPANY PC

### TAX RETURN FILING INSTRUCTIONS

### FORM 990-EZ

### FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	
	ST. LOUIS COUNTY PARKS FOUNDATION 12105 TRENTMORE PLACE ST. LOUIS, MO 63127
Prepared by	MAHER & COMPANY PC 101 S. HANLEY STE. 1325 SAINT LOUIS, MO 63105
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-FC

### IRS e-file Signature Authorization for an Exempt Organization

Do not send to the IRS. Keep for your records.

, 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879EO for the latest information.

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Name of exempt organization

Employer identification number

61-1747076

ST.	LOUIS	COUNTY	PARKS	FOUNDATION
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Name and title of officer ERIC MOSES

#### TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2017, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here <b>b X b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	63,053.
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X lauthorize MAHER & COMPANY PC	to enter my PIN	47076
ERO firm name	-	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature  Date  Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         Do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	J. J	
ERO's signature Date 11	/13/18	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	

Short Form Return of Organization Exempt From Income Tax Due to resolve 10(b, 527, or 997(a)(b) of the Internal Revenue Code (accept private foundations)       Control 10(b) 1				EXTENDED TO NO			, 20	18			1		- 1150
Concentration         Construction         Constructio	Forn	.99	90-EZ				om I	ncome	∠ T	v		JIVIB INO. 1545	-1150
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Arr       For the 2017 calendary sear, or tax year beginning       and ending         Presentation       Character charge       Character charge       Character charge       ST.       LOUIS COUNTY PARKS FOUNDATION       6 1-1747076         Number and transfer       ST.       LOUIS COUNTY PARKS FOUNDATION       6 1-1747076         Number and transfer       12105       TRENTMORE       PLACE       1314-691-4876         Construction       12105       TRENTMORE       PLACE       1314-691-4876         Version of the state (index only mail)       MC of the state (index only mail)       Number >       Numbe	Department of the Treasury											-	
B       Chame of organization       D Employer Identification number         A dense campore       ST. LOUIS COUNTY PARKS FOUNDATION       61-1747076         Statistication       TRENTMORE PLACE       S114-651-4876         Assistance       ST. LOUIS, MO. Sala PLACE       S12105         Assistance       ST. LOUIS, MO. Sala PLACE       S12105         Assistance       ST. LOUIS, MO. Sala PLACE       Homewise Compound Number         Taxecompt status (check only one) – [X] Gotic((3)]       Sola 127       Homewise Computer Number         Website:       > HTTP: // STLCOUNTYPARKSPOUNDATION.ORG/       Homewise Computer Number       Homewise Computer Number         Vebsite:       > HTTP: // STLCOUNTYPARKSPOUNDATION.ORG/       Homewise Computer Number       Homewise Computer Number         Vebsite:       > HTTP: // STLCOUNTYPARKSPOUNDATION.ORG/       Homewise Computer Number       ST. LOUIS         Column (8) bebys ar S500.000 or more, fiel Form 390 instead of form 390-52       S 75, 876.         Part I       Recorrule:       Stet Sola 10       Stet Sola 10         I       Column Stet Sola 23       I       Stet Sola 10       Stet Sola 10         I       Column (0) bebys ar S50.000 or more, fiel Form 390.52       S 2, 126.       S 2, 226.         Part I       Recore Sola 00       Stet Sola 10       S 2, 126.	_				mstruction	is anu			011.			mspecu	
Image composition         ST. LOUIS COUNTY PARKS FOUNDATION         61-1747076           Number and street (or P.O. box, f mails in olderward to street address)         Poornsule         E fielphone number           International Control (Street of the Street address)         Poornsule         Fielphone number           International Control (Street of the Street address)         Fielphone number         314-691-4876           Construct of the Street (Street of the Street address)         Fielphone number         Street of the Street address)           I website:         > HTTP: //STLCOUNTYPARKSFOUNDATION.ORG/         HCheck \L If the organization is not required to attack Schedule B           I accounting Media as Schoold on Trust         Association         Other         Interval         Street of the Street of th							and end	ing					
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Improve return       Explore the province, country, and 2P or foreign postal code       F Group Exemption         Intervention       ST. LOUIS, MO 63127       Number         I excenting Method:       XI Cash       Account of Method:       XI Cash         I excenting Method:       XI Cash       Account of Method:       XI The organization is not required to attach Schedule 8 (form 980, 990-E2, or 980-PF).         K form of organization:       XI Corporation       Trust       Association       Other         L Addines 5b, Ce, and 7b to line 9 to determine gross receipts in gross receipts and s2000.00 or more, or if total assets (Part II, column (5) beins add of Part 1900 set add of Part 1000 or more, HE orang to the system of the any question in this Part 1       (X)         I Contributions, gifts, grants, and similar amounts received       1       52, 1226.         2 Program service revene including government fees and contracts       3       3         4 Investment income       55       55       55         5 Gross income from gaming (attach Schedule 6 if preater than sists)       56       56       56         6 Gaming and fundralising events (not including §       of contributions for 51, 23, 24, 56, 50, 00)       63       10, 902.         7 Gross sales of inventory, less returns and allowances       72       72       64       10, 902.         9 Gotal coses income from gaming and fundralising e		Final	return/ 10	•	et auuress)			Room/Suite					
Image: ST . LOUIS, MO 63127         Number >           © Accounting Method:         Cash _ Accual Other (specify) >         Number >           Websit:         HTP : // STLCOUNTYPARKSFOUNDATION.ORG/         Interruptive to attack Schedule B           / Tax-exempt status (check only one) - St 001(c)(3)         S01(c) ( (insert no.)         /// 4947(a)(1) or _ S22           / K form of organization:         St Corporation         Trust         Association         Other           L Add lines 5b, 6c, and 7b b line 9b o determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, fine form 990 instead of form 990-52.         \$75, 876.           Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Fart II)         Status           Check If the organization used Schedule 0 to respond to any question in this Part I         Status         1         \$2, 126.           2         Program service revenue including government fees and contracts         3         4         4           4         Investment locone         5a         5b         5c         5c           6         Gaming and fundasing events         5a         5c         5c         5c           6         Gaming and fundasing events (not including \$         ot contributions from sale of aseets other than inventory (Subtract line 5h form line 5a)		7	City o		stal code							40/0	
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J       Tax-exempt status (check only one)       1       501(c)(3)       ≤01(c)(3)       ≤01(c					ON.ORG	3/						-	
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) polexy are \$250,000 or more, file Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part) Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Contributors, gifts, grants, and similar amounts received I Contributions, gifts, grants, and similar amounts received I Contributions, gifts, grants, and similar amounts received I Contributions gifts, grants, and similar amounts received C Program service revenue including opvormment fees and contracts I Contributions grants, and similar amounts received C Program service revenue including opvormment fees and contracts I Contributions and of assets other than inventory E C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) G Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) G Gain or (loss) from gating and fundraising events (ad lines 6a and 6b and subtract line 6c) G Less: direct expenses from gaming and fundraising events (ad lines 6a and 6b and subtract line 6c) G Less: cost of opods sold C Less: cost of opods sold G Gain or (loss) from sales of inventory (Subtract line 7b from line 7a) G Grass alse of inventory, less return and allowances C G also rof (loss) from sales of inventory (Subtract line 7b from line 7a) G Grass and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similar amounts paid (list in Schedule 0) G Grast and similara	-				<u> </u>		(a)(1)		(		,	,	
column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ       ▶ \$       75,876.         Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       I         1       Contributions, gifts, grants, and similar amounts received       1       52,126.         2       Program service revenue including overnment fees and contracts       3       4         3       Membership dues and assessments       4         4       investment income       4         5       Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)       56         6       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       56         6       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       56         a       Gross income from fundraising events (not including \$			•	•		or more,	or if total	assets (Part	Ι,				
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2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         5       Gaming and fundraising events       5b         6       Gaming and fundraising events       5c         7       Gross income from gaming (attach Schedule G if greater than \$15,000)       6       6         b       Cross income from fundraising events (not including \$ or of contributions from fundraising events (not including \$ or of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10, 902.         7       Gross science from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10, 902.         7       Gross sales of inventory, less returns and allowances       Ta       To       7c         8       Other revenue (describe in Schedule 0)       SEE       SCHEDULE O       8       25.         9       To tal evenue. Add lines 1, 2, 4, 4, 5, 6d, 7c, and 8       10       11       12       31.3, 4775.         10       Grants and similar amounts paid (list in Schedule 0)       10       10       11       12       13       13, 4775. <tr< td=""><td></td><td></td><td>Check if the o</td><td>rganization used Schedule O to respond to any question</td><td>in this Part I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td></tr<>			Check if the o	rganization used Schedule O to respond to any question	in this Part I								X
3       Membership dues and assessments       3         4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         6       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         a       Gross income from fundraising events       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       23, 725.         c       Less: direct expenses from gaming and fundraising events       6d       10, 902.         7a       Gross sales of inventory, less returns and allowances       7a       7a         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7a       7a         8       Other revenue (Gescribe in Schedule 0)       10       10       10         11       Bealts paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12       12       13       13, 4775.         13       Profesional tees and other payments to independent contractors		1	Contributions, g	ifts, grants, and similar amounts received						1		52,	126.
4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a       5b         5a       Gross amount from sale of assets other than inventory       5a       5c         6       Gaming and fundraising events       5c         6       Gaming and fundraising events       6a       5c         7       Gross income from gaming (attach Schedule G if greater than strong inductaising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions scceeds \$15,000)       6b       23,725.         6       Censs income from fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7       To coss sales of inventory, less returns and allowances       7a       7a       7a         7       Dess sales of inventory, less returns and allowances       7a       7b       7a         8       Otras and similar amounts paid (list in Schedule 0)       SEE       SCHEDULE O       8       25.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.       11       13.       13., 4775.         10       Grants and similar amounts paid (list in Schedule 0)       10       10       11       13       13., 4775.         12       Salaries, other compensation, and empl		2								2			
Sa       Gross amount from sale of assets other than inventory       Sa       Sa         b       Less: cost or other basis and sales expenses       Sb       Sc         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       Sc       Sc         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       L6a       of contributions         b       Cross income from fundraising events (not including \$       of contributions       of contributions         gross income from fundraising events (not including \$       of contributions       fod       10,902.         c       Less: cost of goods sold       Ed       7a       7a         gross proft or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         c       Ess: cost of goods sold       7a       7b       7c         d       Net income or (loss) from gaming and fundraising events (add lines 7b from line 7a)       7c       7c         d       Other revenue (describe in Schedule 0)       SEE       SCHEDULE O       8       25.9         d       Other revenue (describe in Schedule 0)       10       10       11       12         11       Salaries, other compensation, and employee benefits       12       13       13,		3								3			
b       Less: cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         a       Gross income from quaning (attach Schedule G if greater than \$15,000)       6a       5c         b       Gross income from fundraising events (not including \$		4								4			
c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Garning and fundraising events       6a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       0f contributions         b       Gross income from fundraising events (not including \$		5a											
6       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$						5b				_			
a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       of contributions         b Gross income from fundraising events (not including \$					from line 5a)					50			
Bit       Sits,000       6a         b       Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       23,725.         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a       Gross profit or (loss) from sales of inventory, less returns and allowances       7a       7c         b       Less: cost of goods sold       7c       8         0       Other revenue (describe in Schedule 0)       SEE       SCHEDULE O       8       25.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.       9       63, 053.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       12         11       Salaries, other compensation, and employee benefits       12       13       13, 475.         12       Cecupancy, rent, utilities, and maintenance       14       15       768.         13       13, 4775.       16       76.       16       71, 830.         14       Total expenses (describe in Schedule 0)       SEE       SCHEDULE O       16       71, 830.         14			-	-									
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       23,725.         c Less: direct expenses from gaming and fundraising events         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a         6 C 33,725.         6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a         7a         7a         7b         7c         8 Other revenue (describe in Schedule 0)         8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         9       63, 053.         10 Grants and similar amounts paid (list in Schedule 0)         11         12         12         13         14         15         12         12         10         10         11         12         12	nue	a				6a							
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       23,725.         c Less: direct expenses from gaming and fundraising events         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a         6 C 33,725.         6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a         7a         7a         7b         7c         8 Other revenue (describe in Schedule 0)         8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         9       63, 053.         10 Grants and similar amounts paid (list in Schedule 0)         11         12         12         13         14         15         12         12         10         10         11         12         12	eve	Ь	. ,			of cor	ntributions	3					
c       Less: direct expenses from gaming and fundraising events       6c       12,823.         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a       Gross sales of inventory, less returns and allowances       7a       6d       10,902.         b       Less: cost of goods sold       7b       7c       7c         a       Other revenue (describe in Schedule 0)       SEE       SCHEDULE 0       8       25.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.       11         10       Grants and similar amounts paid (list in Schedule 0)       10       11       11         11       Benefits paid to or for members       11       12       13       13, 4775.         12       Salaries, other compensation, and employee benefits       12       13       13, 4775.         13       Occupancy, rent, utilities, and maintenance       14       15       768.         15       Offa.       16       11, 830.       17       86, 0733.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23, 0200.       18       -23, 0200.         19       Net assets or fund balances at beginnin	£				n of such	-							
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       10,902.         7a       Gross sales of inventory, less returns and allowances       7a       7b       7c         b Less: cost of goods sold       7b       7c       7c         8       Other revenue (describe in Schedule 0)       SEE       SCHEDULE O       8       25.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.       10         10       Grants and similar amounts paid (list in Schedule 0)       10       11       11         12       Salaries, other compensation, and employee benefits       12       11       12         13       Professional fees and other payments to independent contractors       13       13, 475.       14         14       768.       16       71, 830.       17       768.       18       768.       18       768.       18       768.       18       768.       18       768.       17       866, 073.       18       23, 020.       18       768.       17       86, 073.       18       23, 020.       18       768.       17       86, 073.       18       23, 020.       18       768.       17       86, 073.       18			gross income ar	nd contributions exceeds \$15,000)		6b		23,7	25.				
7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       SEE       SCHEDULE O         9       Fortal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Salaries, other compensation, and employee benefits       12         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       13, 475.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15       768.         16       Other expenses (describe in Schedule 0)       17       86, 073.         17       Total expenses. Add lines 10 through 16       17       86, 073.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23, 0200.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51, 469.		c	Less: direct exp	enses from gaming and fundraising events		6c		12,8	23.				
b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) SEE SCHEDULE O 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 63, 053. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 13, 475. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 768. 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16 17 (R 83.0. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -223, 020. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 51, 469. 20 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULLE O 20 15, 0000. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43, 449.		d				btract li	ne 6c) 📖			6d		10,	902.
c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       SEE SCHEDULE O       8       25.         9       63,053.       9       63,053.       9       63,053.         10       Grants and similar amounts paid (list in Schedule 0)       10       10       10         11       Benefits paid to or for members       11       12       11         12       Salaries, other compensation, and employee benefits       12       13       13,475.         13       Occupancy, rent, utilities, and maintenance       14       14       15         14       Occupancy, rent, utilities, and maintenance       14       15       768.         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       71,830.         17       Total expenses. Add lines 10 through 16       17       86,073.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23,020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51,469.       20       15,000.       20       15,000.       20       15,000.       20       15,000.       21       43,449.       <		7a											
8       Other revenue (describe in Schedule 0)       SEE       SCHEDULLE O       8       25.         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       63, 053.       9       63, 053.         10       Grants and similar amounts paid (list in Schedule 0)       10       10       10         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       13       13, 4775.         13       Occupancy, rent, utilities, and maintenance       14       15       768.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULLE O       16       71, 830.         17       Total expenses. Add lines 10 through 16       17       86, 073.       18       -23, 020.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23, 020.       18       -23, 020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51, 469.       20       15, 0000.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE       SCHEDULLE O       20       15, 0000.         21       Vet assets or fund balances at end of year. Combine lines 1		b											
9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       >       9       63, 053.         10       Grants and similar amounts paid (list in Schedule 0)       10       10         11       Benefits paid to or for members       11       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       13, 475.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15       768.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULE O       16       71, 830.         17       Total expenses. Add lines 10 through 16       17       86, 073.       18       -23, 020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51, 469.       20       15, 000.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE       SCHEDULE O       20       15, 000.       21       43, 449.				loss) from sales of inventory (Subtract line 7b from line	7a)	0 11							
10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       13, 475.         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15       768.         16       Other expenses (describe in Schedule 0)       SEE       SCHEDULLE O       16       71,830.         17       Total expenses. Add lines 10 through 16       18       -223,020.       18       -233,020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51,469.       20       15,000.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE       SCHEDULLE O       20       15,000.         21       43,449.        21       43,449.												63	
Section11Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1313,475.14Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping15768.16Other expenses (describe in Schedule 0)SEE SCHEDULE O1671,830.17Total expenses. Add lines 10 through 161786,073.18Excess or (deficit) for the year (Subtract line 17 from line 9)18-223,020.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1951,469.20Other changes in net assets or fund balances (explain in Schedule 0)SEE SCHEDULE O2015,000.21Vet assets or fund balances at end of year. Combine lines 18 through 202143,449.			Cranto and aimi	Add IIIIes 1, 2, 3, 4, 50, 60, 70, and 8								05,	055.
912Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1313,475.14Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping15768.16Other expenses (describe in Schedule 0)SEE SCHEDULE O1671,830.17Total expenses. Add lines 10 through 161786,073.18Excess or (deficit) for the year (Subtract line 17 from line 9)18-23,020.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1951,469.20Other changes in net assets or fund balances (explain in Schedule 0)SEE SCHEDULE O2015,000.21A43,449.2143,449.			Renefits naid to	or for members									
Image: Section of the section of t	s		Salaries other of	ompensation, and employee benefits									
15       708.         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       Total expenses. Add lines 10 through 16       16       71,830.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23,020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51,469.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE SCHEDULE O       20       15,000.         21       A43,449.       21       43,449.       21       43,449.	Ise											13,	475.
15       708.         16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O         17       Total expenses. Add lines 10 through 16       16       71,830.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23,020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51,469.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE SCHEDULE O       20       15,000.         21       A43,449.       21       43,449.       21       43,449.	led		Occupancy, rent	, utilities, and maintenance									
16       Other expenses (describe in Schedule 0)       SEE SCHEDULE O       16       71,830.         17       Total expenses. Add lines 10 through 16       17       86,073.         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -23,020.         19       Net assets or fund balances at beginning of year (from line 27, column (A))       19       51,469.         20       Other changes in net assets or fund balances (explain in Schedule 0)       SEE SCHEDULE O       20       15,000.         21       A43,449.	ш		Printing, publica	tions, postage, and shipping									
17       Total expenses. Add lines 10 through 16         18       Excess or (deficit) for the year (Subtract line 17 from line 9)         19       Net assets or fund balances at beginning of year (from line 27, column (A))         (must agree with end-of-year figure reported on prior year's return)         20       Other changes in net assets or fund balances (explain in Schedule 0)         21       Net assets or fund balances at end of year. Combine lines 18 through 20		16	Other expenses	(describe in Schedule O)	SE	EE S	CHED	ULE O		16			
18Excess or (deficit) for the year (Subtract line 17 from line 9)18-23,020.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1951,469.20Other changes in net assets or fund balances (explain in Schedule 0)SEE SCHEDULE O2015,000.21Net assets or fund balances at end of year. Combine lines 18 through 202143,449.		17		. Add lines 10 through 16						17			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43,449.	S	18								18		-23,	020.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43,449.	set	19											
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43,449.	t As		(must agree wit	h end-of-year figure reported on prior year's return) $\ldots$	·····	-	A11						
	Ne												
					)					21			

For	m 990-EZ (2017) ST. LOUIS COUNTY PARKS FC	DUNDATION		61-	17470	76	Page <b>2</b>
Ρ	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any ques					
			(A) Beginning of year		<b>(B)</b> E	nd of yea	
22	2 Cash, savings, and investments		51,469	• 22		43,	449.
23				23			
24				24			
25			51,469	• 25		43,	449.
26			C	• 26			0.
27			51,469	• 27		43,	449.
Ρ	art III Statement of Program Service Accomplishme		uctions for Part III)		E	(penses	
_	Check if the organization used Schedule O to res	<b>`</b>	,	X	(Required	for sectio	
Wh	at is the organization's primary exempt purpose? SEE SCHEDULE C				501(c)(3)		
			nanaca in a class and concise		organizati others.)	uns, upuu	1101 101
	scribe the organization's program service accomplishments for each of its three largest program oner, describe the services provided, the number of persons benefited, and other relevant inform		penses. In a clear and concise		/		
28	SEE SCHEDULE O				+		
20							
						50	006
~~	(Grants \$) If this amount includes foreign of THE POLLINATOR PANTRY IS AN EDUCATI				28a	54,	906.
29							
	THAT PROMOTES CREATING POLLINATOR F	RIENDLY LA	NDSCAPING IN				
	THE ST LOUIS COUNTY REGION.						
	(Grants \$) If this amount includes foreign	grants, check here	<b>&gt;</b>		29a		400.
30							
	(Grants \$ ) If this amount includes foreign	grants, check here			30a		
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount includes foreign				31a		
32					32	53,	306.
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated -	see the			
_	Check if the organization used Schedule O to res						
		(b) Average hours		( <b>d</b> ) не	ealth benefits.	(e)Esti	imated
	(a) Name and title	per week devoted t	o compensation (Forms	\ cont	ributions to ovee benefit	amount	
	(a) Name and the	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	and deferred	comper	nsation
MZ	ARK R. OHLENDORF			CON	npensation		
-	RESIDENT	8.00	0.		0.		0.
	IRGINIA V. MCCOOK	0.00	0.		0.		0.
		4 00			0.		0
	ICE-PRESIDENT	4.00	0.		0.		0.
	ARSHALL GALLIERS	4 4 4 4 4			•		•
	ECRETARY	4.00	0.		0.		0.
	OBY JAMES				-		-
TI	REASURER	4.00	0.		0.		0.
		]					
				1			
		1					
		1					
		-					
		4					
		4					
		4					

Pa	rt V Other Information (Note the Schedule A and personal benefit contract	t stat	ement requirements	s in th	ne	
	instructions for Part V.) Check if the organization used Sch. O to respo	ond to	any question in this	s Par	t V	X
					Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a d	letailed d	lescription of each			
	activity in Schedule O			33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	copy of t	the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	(see inst	tructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	activitie	s (such as those reported			
	on lines 2, 6a, and 7a, among others)?			35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sch	nedule O		35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) no	tice, rep	orting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III			35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du	uring the	year? If "Yes,"			
	complete applicable parts of Schedule N			36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.			
	Did the organization file Form 1120-POL for this year?			37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we					
	in a prior year and still outstanding at the end of the tax year covered by this return?			38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations. Enter:		/_			
a	Initiation fees and capital contributions included on line 9	39a	N/A	4		
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		0			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955		0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been					v
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		0.			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	🏲				
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	•	0.			
	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		0.			
e				40e		x
41	transaction? If "Yes," complete Form 8886-1 List the states with which a copy of this return is filed $\blacktriangleright$ MO			400		- 23
	The organization's books are in care of $\blacktriangleright$ ERIC MOSES	Tele	ephone no. $\blacktriangleright$ 314 – 69	1 - 4	876	
7£ u	Located at 101 S HANLEY SUITE 1325, ST. LOUIS, MO		ZIP + 4 6	310	5	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		211 7 7		•	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial				Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	l Financia	al Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?			42c		Х
	If "Yes," enter the name of the foreign country:				-	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year		🕨 43	N/A		
					Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	d instea	d of			
	Form 990-EZ			44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be comp	leted ins	stead			
	of Form 990-EZ			44b		X
	Did the organization receive any payments for indoor tanning services during the year?			44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp					
	in Schedule O			44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		-			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instr	uctions)		45b		

ST. LOUIS COUNTY PARKS FOUNDATION

Form 990-EZ (2017)

61 - 1747076

Page 3

Form 990-EZ (2017)

Form 990-EZ	(2017) ST. LOUIS COUNT	Y PARKS FO	UNDATION	1		61-174	7076	5	Page <b>4</b>
							_	Yes	No
46 Did the	organization engage, directly or indirectly, in poli	tical campaign activitie	s on behalf of or i	n opposition	to candidates for	public office?			
lf "Yes,	complete Schedule C, Part I						46		X
Part VI	Section 501(c)(3) organizations	only							
	All section 501(c)(3) organizations must a	nswer questions 47-	49b and 52, an	d complete	the tables for l	ines 50 and 51.			
	Check if the organization used Schedule	O to respond to any	question in this	s Part VI					
								Yes	
	organization engage in lobbying activities or have						47		Х
	organization a school as described in section 170(						48		Х
49 a Did the	organization make any transfers to an exempt no	on-charitable related or	ganization?				49a		Х
<b>b</b> If "Yes,	" was the related organization a section 527 orgar	nization?					49b		
	ete this table for the organization's five highest co			rs, directors	, trustees, and ke	y employees) who	each r	eceived	more
than \$	100,000 of compensation from the organization. I	f there is none, enter "N							
	(a) Name and title of each employee		(b) Average per week dev		(C) Reportable compensation (For	ns (d) Health bene		e) Estim Iount of	
	1011	-	per week dev positio		W-2/1099-MISC	plans, and defer	red co	ompens	
	NON	E	poolito			compensation		mpone	Julion
							_		
							-+		
organiz	ete this table for the organization's five highest co ration. If there is none, enter "None." <b>NON</b> ) Name and business address of each independer	E	nt contractors who		ved more than \$1		sation f		
	· · · · ·								
	umber of other independent contractors each rec				🕨				
	organization complete Schedule A? Note: All sec	=						_	
	ted Schedule A						ΧY		No
•	ies of perjury, I declare that I have examined this	, 0	1 5 0		,	-	edge ar	ld belie	f, it is
true, correct,	and complete. Declaration of preparer (other that	n otficer) is based on a	II information of w	which prepare	er has any knowle	dge.			
0	Signature of officer					Date			
Sign Here		ͲD							
nere	ERIC MOSES, TREASUR	ER							
		Prenarer's signature		Date	Check	if PTIN			
	Print/Type preparer's name	Preparer's signature		Date	self- em				
Paid	EDIC MOGEC			11/17		-		111	
Prepare	$I \in I \cap $	ANV DC		11/13		IN ► 43-1	)644		
Use Only	Firm's address ► 101 S. HANL		25			(044)		. <u>2</u> 7 5-06	26
	SAINT LOUIS		4J		Phone	110. (JI4)	120	00-00	20
May the IDC	discuss this return with the preparer shown abov					<b></b>	ΧY		No
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Form 990-EZ (2017)

(	Form	990	or	990-E	EZ)
		550		220 1	

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury enue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of	the organizat							Employer	identification number
					TY PARKS FOU					1-1747076
Pa	art I	Reason	for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructior	S.	
The	orga	nization is not a	a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		1			anization described in <b>s</b> e			ii).		
4		· ·	•		njunction with a hospital				(iiii). Enter	the hospital's name.
		city, and stat	-		,				~ /	, ,
5		1	-	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	ped in
·		-	-	Complete Part II.)						
6		1			nental unit described in :	section 17	70(6)(1)(4)			
7	X	1			intial part of its support f				the conoral	nublic described in
'		Ũ		omplete Part II.)	initial part of its support i	ion a gov	errinerita		ule general	
0		1			(1)(A)(vi) (Complete Der	+ 11 \				
8 9		1			(1)(A)(vi). (Complete Par		ad in aanii	upotion with a	land aront	
э		-	-	-	in section 170(b)(1)(A)(		-		-	-
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	or the colleg	le or
10		university:			····					
10					e than 33 1/3% of its sup					
					ct to certain exceptions,	. ,				•
					(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
		1	• • • • •	mplete Part III.)						
11		1			ively to test for public sa					
12					ively for the benefit of, to					
					ed in <b>section 509(a)(1)</b> o					Check the box in
					of supporting organizatio					
a				-	supervised, or controlled	•	-			
			-		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	-		complete Part IV, Se						
k					d or controlled in connec					
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	pported
	_	organizatio	on(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c	; [	Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
	_		•		s). You must complete I	-	-			
c	1 L	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	orted organi	ization(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement ar	d an attent	iveness
	_	requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .		
e	• L	Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
1	Ent	ter the number	of supported	organizations						
ç	J Pro	ovide the follow	ing informatio	n about the supporte	ed organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization	า		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				1						1

## Schedule A (Form 990 or 990-EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		6,500.	29,650.	45,264.	61,263.	142,677.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		6,500.	29,650.	45,264.	61,263.	142,677.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						142,677.
_	tion B. Total Support						,
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	() =	6,500.	(c) 2015 29,650.	45,264.	(e)2017 61,263.	(f) Total 142,677.
	Gross income from interest.				-		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		Ο.	5.	14.	25.	44.
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						142,721.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	34,781.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			
	organization, check this box and <b>stor</b>	-			-		►X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (			olumn (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2016.</b> If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	. —
h	10% -facts-and-circumstances tes	-	-				
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
<u></u>				.,,			F 📖

## Schedule A (Form 990 or 990-EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 0							
ł	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
<u> </u>	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(0) 2015	(d) 2016	(a) 2017	
		<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	ganization,
_	check this box and stop here						▶∟
	ction C. Computation of Publi		-				
15	Public support percentage for 2017 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

# Schedule A (Form 990 or 990 EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization (s) that operated, supervised, or controlled the supported organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		0		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion of Type in Supporting Organizations		V	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

### Schedule A (Form 990 or 990-EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

### Schedule A (Form 990 or 990-EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
e	Excess from 2017			

Schedule A	(Form 990 or 990-E	Z) 2017	ST.	LOUIS	COUNTY	PARKS	FOUNDATI	ION	61-1747076	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	l <b>Inform</b> , lines 1, 2 ction D, lin	<b>ation.</b> 2, 3b, 3c, 1es 2 and	Provide th 4b, 4c, 5a 3; Part IV	e explanation a, 6, 9a, 9b, 9c , Section E, lir	s required by , 11a, 11b, a les 1c, 2a, 2l	/ Part II, line 10; Ind 11c; Part IV, 5, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	•
	Section D, lines 5, (See instructions.)	6, and 8;	and Pai	t V, Sectio	n E, lines 2, 5,	and 6. Also	complete this pa	art for any additior	nal information.	

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Yes" organization entered more than Attach to Form 9 Go to www.irs.gov/Form99	on Form 99 \$15,000 or 990 or Forr	90, P n For n 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		r if the	OMB No. 1545-0047
Name of the organization		IS COUNTY PARKS					mployer ide $1 - 1747$	entification number
Part I Fundraisi		Complete if the organization ans						
<ol> <li>Indicate whether the</li> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicitien</li> <li>d In-person solicitien</li> <li>2 a Did the organization key employees lister</li> </ol>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the folic e Solic f Solic g Spec or oral agreement with any individ art VII) or entity in connection wit viduals or entities (fundraisers) pu	itation of ne itation of ge cial fundrais ual (includin h professio	on-go overr sing e ng of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees, c	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) D fundrais have cus or contro contributi	tody ol of	(iv) Gross receipts from activity	to (or i fur	nount paid retained by) ndraiser d in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which or licensing.	ch the organizatio	on is registered or licensed to soli	cit contribu	tions	s or has been notified	d it is e>	empt from r	egistration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio s and aross inc me on Form 990-F7 lines 1 and 6b. List events with n \$5 000 ointe ator the

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6D. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WINTER	BRANSON	NONE	
			WONDERLAND	CONCERT		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	14,588.	9,137.		23,725.
ñ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	14,588.	9,137.		23,725.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Exp						
sct I	7	Food and beverages				
Dire		•				
	8	Entertainment				
	9	Other direct expenses	C 070	6,550.		12,823.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		▶	12,823.
	11	Net income summary. Subtract line 10 from li				10,902.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progressive bingo		col. (a) through col. (c))
leve						
ш	1	Gross revenue				
Se	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
ctE						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	Yes%	<b>Yes</b> %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
-	_					
		ter the state(s) in which the organization condu	· · · _			
		he organization licensed to conduct gaming a				Yes No
b	IT "	No," explain:				
10	141					Vec N
		ere any of the organization's gaming licenses re		-	year?	Yes No
a	If "	Yes," explain:				

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Sch	nedule G (Form 990 or 990-EZ) 2017 ST. LOUIS COUNTY PARKS FOUNDATION 61-1	174707	6 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		/0
14	Line the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
-	of gaming revenue retained by the third party ►\$		
	c If "Yes," enter name and address of the third party:		
	Name 🕨		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□
	retain the state gaming license?		
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	ST.	LOUIS	COUNTY	PARKS	FOUNDATION
Part IV	Supplemental I	nformatior	(continued)			

Supplemental information (continuea)	

(Form 990 or 990-EZ)       Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.         Department of the Treasury Internal Revenue Service       Attach to Form 990 or 990-EZ.         Go to www.irs.gov/Form990 for the latest information.	D-EZ
Name of the organization ST. LOUIS COUNTY PARKS FOUNDATION	Employer identification number 61-1747076
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST - SAVINGS	25
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
COMPUTER EXPENSES	626
CREDIT CARD FEES	802
INSURANCE	746
PROGRAM EXPENSES	69,656
TOTAL TO FORM 990-EZ, LINE 16	71,830
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
TEMPORARILY RESTRICTED NET ASSETS	15,000
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPOR	RT AND PROMOTE THE
FACILITIES, PROGRAMS, CAPITAL IMROVEMENTS AND RESOURCES (	OF THE ST.
LOUIS COUNTY PARKS; TO RECEIVE GRANTS, ENDOWMENTS, AND CO	ONTRIBTUTIONS,
TO SUPPORT AND PROMOTE VOLUNTEER ORGANIZATIONS FORMED IN	SUPPORT OF THE
FOUNDATION; TO SECURE FACILITIES, PROGRAMS, MATERIALS, EQ	QUIPMENT AND
SERVICES IN FURTHERANCE OF THE OBJECTIVES OF THE SAINT LO	DUIS COUNTY

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

CAPITAL IMPROVEMENT PROJECTS ARE THE PRIMARY PURPOSE OF

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>						
Name of the organization ST. LOUIS COUNTY PARKS FOUNDATION	Employer identification number 61-1747076						
THE FOUNDATION. TO DATE THE FOUNDATION HAS INSTALLED 4							
EXPRESSION SWINGS IN 4 DIFFERENT PARKS IN ST LOUIS COUNTY	•						
REPAIRED TWO FOUNTAINS AND BEGUN WORK ON A FAMILY TRAIL.							
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:						
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,						
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.							
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,						
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.							

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sidentinying ni	IIIDEI	
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print					<b>64 4545</b>		
File by the	the ST. LOUIS COUNTY PARKS FOUNDATION				61-1747076		
due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions. Sc our 12105 TRENTMORE PLACE			Social se	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a for ST. LOUIS, MO 63127	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fill	e a separa	te application for each return)			0 1	
Application Return Application				Return			
Is For Code Is For			Code				
Form 990	orm 990 or Form 990-EZ 01 Form 990-T (corporation)				07		
Form 990	Form 990-BL 02 Form 1041-A					08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	)-T (trust other than above) ERIC MOSES	06	Form 8870			12	
<ul> <li>The books are in the care of ▶ 101 S HANLEY SUITE 1325 - ST. LOUIS, MO 63105 Telephone No. ▶ 314-691-4876 Fax No. ▶</li> <li>If the organization does not have an office or place of business in the United States, check this box</li></ul>							
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any				
nor	nrefundable credits. See instructions.			3a	\$	0.	
b Ifth	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						~	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO	for payment	
Lilla Fax Britany Act and Department Deduction Act Nation and instructions							

Entor filor's identifying number