Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE SCHOLARSHIP FOUNDATION OF ST. LOUIS Name change 43-6031234 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 314-725-7990 6825 CLAYTON AVE., STE. 100 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 13,424,257 Amended return ST. LOUIS, MO 63139 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LAUREN NASH MING for subordinates? Yes X No 6825 CLAYTON AVE, STE 100, ST. LOUIS, MO 63 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.SFSTL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1920 M State of legal domicile: MO Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES ACCESS **Activities & Governance** TO POST-SECONDARY EDUCATION THROUGH INTEREST-FREE LOANS AND GRANTS if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 58 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Current Year Prior Year** 3,321,291. 4,383,342. Contributions and grants (Part VIII, line 1h) 8 Revenue $2,277,\overline{200}$ 2,197,612. Program service revenue (Part VIII, line 2g) 1,266,148. 321,605. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,351. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 68,865. 11 6,933,504. 6,906,910. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,114,005. 4,869,887. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,285,265. 1,173,731. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 912,369. 1,065,396. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,200,105. 7,220,548. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 733,399. -313,638. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 39,435,896. 39,256,046. 20 Total assets (Part X, line 16) 544,187. 530,161. 21 Total liabilities (Part X, line 26) 百年 891,709. 725,885 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LAUREN NASH MING, TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 04/30/19 self-employed P00560435 DENISE PISCIOTTA DENISE PISCIOTTA Paid Firm's name WHY ADVISORS MO, INC. Firm's EIN ▶ 43-1305800 Preparer Firm's address > 15 SUNNEN DRIVE, SUITE 100 Use Only Phone no. 314-615-1200 ST. LOUIS, MO 63143-3819 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٣		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		125
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
		_		

Form 990 (2018) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
		23	Х	
04-	Schedule J		- 21	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes."			
		26		x
07	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Company of the second)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		v
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the state of the state	-	OI:		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	70		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	es required	7.0		
·	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the second of the second o		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					
_		Ι.	1 20		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	28			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_	
Ū	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses in Schedule</i> O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	This occion b requests information about policies not required by the internal ne	veriue	0000.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
_			,,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	DOIO	e ming the form.	114		
				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		flicte2	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	21	
·		, -		12c	х	
40	in Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	21	
15	Did the process for determining compensation of the following persons include a review and approva	г Бу ігі	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	X	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		241-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					v
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	-1.005	T (0 1: 50: /) /5:	1.3		1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	a 990	1 (Section 501(c)(3)s	only)	avaılab	ые
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain		,	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict o	t interest policy, and	tinanc	ıal	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	ks an	d records			
	CATHERINE HILL - (314)725-7990					
	6825 CLAYTON AVE. SUITE 100, ST. LOUIS, MO 63139					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization no	or any related o	orga	nizat	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an an	compensation	compensation	amount of
	week		Jer an	uau	recid	Trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** = , ********************************		and related
	below	/idual	tutior	er	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Ke	High	Former			
(1) BURON BUFFKIN	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) TOM RUWITCH	5.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(3) ROBERT SCHMALZ	5.00									
VICE - PRESIDENT		Х		Х				0.	0.	0.
(4) LAUREN NASH MING	5.00								_	_
TREASURER		Х		Х				0.	0.	0.
(5) PATTY MALASHOCK	3.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) HARDY WASHINGTON	3.00									
MEMBER-AT-LARGE		Х		Х				0.	0.	0.
(7) JACQUELINE MEADERS BOOTH	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMES CROWE III	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KATHLEEN DAY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) KAREN O. DRAKE	2.00								•	
DIRECTOR		Х						0.	0.	0.
(11) JOAN ESSERMAN	2.00								•	
DIRECTOR	0.00	Х				_		0.	0.	0.
(12) MARK GELLMAN	2.00	.,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) SID GOLDSTEIN	3.00	7,							0	0
DIRECTOR	2 00	Х				_		0.	0.	0.
(14) JENNIFER HAYNES	2.00	7.7							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) MUHAMMAD ISLAM	2.00	v							0.	0
OIRECTOR (16) RALONDA JASPER	2 00	Х						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0
(17) MIKE JAY	2.00	^		_		\vdash		0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0
DIRECTOR		Λ						J 0 •	U •	0.

- 1/11								OF ST. LOUIS	43-60	31	234	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		, ,				
(A) Name and title	(B) Average hours per		not c		itior _{more}	than		(D) Reportable compensation	(E) Reportable compensation	า		(F) timate ount o	
	week (list any hours for related organizations below line)	tee or director	nestitutional trustee				tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	3	comp fro orga and	other pensate om the anizati I relate nizatio	tion e ion ed
(18) APRIL MICKENS JOLLY DIRECTOR	2.00	Х						0.		0.			0.
(19) DEBRA KENNARD DIRECTOR	2.00	X						0.		0.			0.
(20) ELLEN SHEFFIELD PACE	2.00												
DIRECTOR (21) MINNIE PHILLIPS	2.00	Х						0.		0.			0.
DIRECTOR		Х						0.		0.			0.
(22) SUSAN PLASSMEYER DIRECTOR	2.00	Х						0.		0.			0.
(23) DANA ROMEIS DIRECTOR	2.00	Х						0.		0.			0.
(24) LAUREN SAGEL	2.00												
DIRECTOR (25) JAMES TATUM	2.00	X						0.		0.			0.
DIRECTOR (26) LISA THORP	2.00	Х						0.		0.			0.
DIRECTOR		Х						0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI							>	387,088.		0.	31	L,28	0. 31.
d Total (add lines 1b and 1c)								387,088.		0.	31	L,28	31.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	000 of reportable		,		3
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or l	highest compensated er	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		X
Section B. Independent Contractors													
Complete this table for your five highest countered the organization. Report compensation for the organization.										ensat	ion fro	m	
(A) Name and business	address	NO	ONE	3				(B) Description of s	services	С	(C omper		า
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	•	ot lir	nited	to t	thos)	_	ted	above) who received m	ore than				

Form 990 THE SCHOI	LARSHIP	FC	UN(IDA	TI	ON	О	F ST. LOUIS	43-603	1234
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	c all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization	(W-2/1099-MISC)	from the
	related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	 	Key employee	estoc	le.			3
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MARIA VERGARA	2.00									
DIRECTOR		Х						0.	0.	0.
(28) HEIDI VERON	2.00									
DIRECTOR		Х						0.	0.	0.
(29) FAITH SANDLER	55.00									
EXECUTIVE DIRECTOR					X			177,042.	0.	15,304.
(30) ROB FOLEY	45.00									
IT DIRECTOR			<u> </u>			X		109,010.	0.	8,424.
(31) MARCIE MAIER	40.00								_	
FINANCE DIRECTOR			_			X		101,036.	0.	7,553.
						_				
	-									
			\vdash			\vdash				
			_							
			_	_		_				
	<u> </u>]			
								207 000		21 001
Total to Part VII, Section A, line 1c								387,088.		31,281.

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		CHOCK II CONGAGIO O CONK	<u>ame a 166pente</u>	or more to any mix	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
សិស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
⊕ ह	c	Fundraising events	1 1					
ifts Ir A	d	Related organizations						
nig Big	e	Government grants (contributi						
Sir	f	All other contributions, gifts, gran						
uti her	·	similar amounts not included above		4,383,342.				
SE		Noncash contributions included in lines		200,981.				
Ν	e h	Total. Add lines 1a-1f	•		4,383,342.			
		Totally led in los Ta Tr		Business Code	, ,			
	2 a	STUDENT LOANS REPAID		900099	2,197,612.	2,197,612.		
Şi.	_ b				, , -	, , ,		
Ser	c							
ž Š	d							
gra Re	е							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			2,197,612.			
	3	Investment income (including			, , -			
	_	other similar amounts)		· ·	319,560.			319,560.
	4	Income from investment of tax			,			,
	5	Royalties		· 1				
			(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour	(ii) i creeriar				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,519,392.	 				
	h	Less: cost or other basis	, ,					
	-	and sales expenses	6,517,347.	.				
	c	Gain or (loss)		+				
		Net gain or (loss)			2,045.			2,045.
ne		Gross income from fundraising	g events (not		·			,
Other Revenue		including \$ contributions reported on line						
Re		Part IV, line 18	,	.				
Jer	h	Less: direct expenses		I I				
₹		Net income or (loss) from fund						
		Gross income from gaming ac		P				
	9 4	Part IV, line 19		.				
	h	Less: direct expenses		I I				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 4	and allowances		.				
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS INCOME	-	900099	4,351.	4,351.		
	b				,	, ,		
	c							
		All other revenue						
		e Total. Add lines 11a-11d			4,351.			
	12	Total revenue. See instructions			6,906,910.	2,201,963.	0.	321,605.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

36011	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			ipiele coluitiii (A).	
	not include amounts reported on lines 6b,		(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2		4,869,887.	4,869,887.		
_	individuals. See Part IV, line 22	4,009,007.	4,009,007.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 000	105 010	00 005	60 000
	trustees, and key employees	209,832.	127,218.	22,285.	60,329.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	890,580.	621,346.	89,910.	179,324.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,925. 97,698.	5,390.	809.	1,726.
9	Other employee benefits	97,698.	64,675.		1,726. 21,687. 17,041.
10	Payroll taxes	79,230.	53,660.	8,529.	17,041.
11	Fees for services (non-employees):				
а	Management				
	Legal	8,158.	5,000.	3,158.	
	Accounting	30,971.	·	30,971.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees	27,195.		27,195.	_
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	146,493.	109,990.	12,638.	23,865.
12	Advertising and promotion	220,2301	203/3301	22,000	23,0031
13	Office expenses	7,120.	4,447.	340.	2,333.
14	Information technology	73,390.	40,782.	17,236.	15,372.
		73,330.	40,702.	17,250.	13,372.
15	Royalties	175,875.	116,742.	21,359.	37,774.
16	Occupancy	173,073.	110,742.	21,333.	31,114.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	75,185.	69,247.	5,938.	
19	Conferences, conventions, and meetings	13,103.	03,441.	5,330.	
20	Interest				
21	Payments to affiliates	1/ 702	10 001	1 500	3 202
22	Depreciation, depletion, and amortization	14,703. 17,623.	10,001.	1,500.	3,202.
23	Insurance	1/,623.	11,987.	1,/98.	3,838.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	220 404	220 404		
а	BAD DEBTS & ALLOWANCES	332,121.	332,121.	4 0 6 5	10 000
b	ADMINISTRATION	62,954.	47,701.	4,865.	10,388.
С	BANK SERVICE CHARGES	39,692.	19,846.	9,923.	9,923.
d	COMMUNICATIONS	28,185.	10.7		28,185.
е	All other expenses	25,731.	10,673.	2,086.	12,972.
25	Total functional expenses. Add lines 1 through 24e	7,220,548.	6,520,713.	271,876.	427,959.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2242)

Form 990 (2018)

Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			66,737.	1	116,326.
	2	Savings and temporary cash investments			2,632,491.	2	1,912,792.
	3	Pledges and grants receivable, net			114,776.	3	135,121.
	4	Accounts receivable, net			7,718.	4	0.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensate	ed em	ployees. Complete			
		Part II of Schedule L		·		5	
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of section					
Ø		employees' beneficiary organizations (see instr). C		·		6	
Assets	7	Notes and loans receivable, net			27,461,997.	7	28,064,372.
As	8	Inventories for sale or use		8			
	9	B			8,615.	9	4,247.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	187,778.			
	b		10b	187,778. 117,206.	85,275.	10c	70,572.
	11	Investments - publicly traded securities			8,900,157.	11	70,572. 8,780,763.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	158,130.	15	171,853.		
	16	Total assets. Add lines 1 through 15 (must equal	39,435,896.	16	39,256,046.		
	17	Accounts payable and accrued expenses			376,763.	17	337,695.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
S	22	Loans and other payables to current and former of					
<u>I</u>		key employees, highest compensated employees	, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay-	ables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			167,424.	25	192,466.
	26				544,187.	26	530,161.
		Organizations that follow SFAS 117 (ASC 958),		k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and	34.		24 225 222		24 554 524
Š	27	Unrestricted net assets			31,925,328.	27	31,754,531.
3ale	28	•			3,162,492.	28	3,152,515.
Ē	29				3,803,889.	29	3,818,839.
Ξ		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 🔙			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco			20 001 700	32	20 725 005
Z	33				38,891,709.	33	38,725,885.
	34	Total liabilities and net assets/fund balances			39,435,896.	34	39,256,046.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2018)

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number

		THE	SCHOLARSHII	P FOUNDATION	OF ST	r. LOU	JIS	4	3-6031234
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions) .	
he (organ	ization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative		•			i).		
4		A medical research organiz					-	(iii). Enter	the hospital's name,
		city, and state:	•						•
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	_					e general i	public described in
		section 170(b)(1)(A)(vi). (C	•		· ·				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	-			-		-	•
		university:							
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersh	nip fees, an	nd gross receipts from
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section (509(a)(2).	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	ganization supervised	or controlled in connect	tion with its	s supporte	d organization	n(s), by hav	/ing
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
С			egrated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	_	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d			y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instruct	•	-					
е		☐ Check this box if the orga					Type I, Type	II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported of	•						
g		vide the following information i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))	103	140			
- Ota	.1								

Schedule A (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 2 Part II 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.) Section A. Public Support **(b)** 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1980031. 4383342.15387955. include any "unusual grants.") 1869091 3834200. 3321291. 2 Tax revenues levied for the organization'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 1869091. 3834200. 1980031. 3321291. 4383342.15387955. 4 Total. Add lines 1 through 3 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) 4352175. 11035780. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1869091 3834200. 1980031 3321291 4383342.15387955. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 216,040. 178,178. 181,648. 319,560. 219,056. 1114482. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 721. 591. 415. 329. 4,351. assets (Explain in Part VI.) 6,407. 16508844. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 66.85 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 % $69.\overline{34}$ 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \mathbf{X} b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 3 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.)

Sec	tion A. Public Support	low, picase comp	nete i art ii.j				
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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 furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(4) 2011	10/2010	(4) 20 10	(4) 2011	(6) 20.0	(1) rotal
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
12	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.)						<u> </u>
	First five years. If the Form 990 is for	•			•		
	check this box and stop here tion C. Computation of Public						PL
	•			oolumn (f)\		15	0/
	Public support percentage for 2018 (lin			.,,		15	<u>%</u>
	Public support percentage from 2017 tion D. Computation of Invest					16	%
	•			ino 13 column (f)		17	20
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2018. If the			on line 14 and line			
	more than 33 1/3%, check this box and						
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	did not check a	box on line 14 19	a or 10h check th	nie hay and see in	etructions	

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 (as 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.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	3с		
	4 -		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ո 9	90 or 99	0-EZ)	2018

Sche	edule A (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-60	3123	4 Pa	age 5
Pa	rt 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		
	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		
Sec	tion B. Type I Supporting Organizations		V	
_	Did the disease to the control of th		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 Part VI 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	4		
2	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion of type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		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 year (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 institution)	ructions)		
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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	· · · · · · · · · · · · · · · · · · ·			
	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	O.L.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	une regardation in this regard.			

Schedule A (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 **a** From 2013 **b** From 2014 **c** From 2015 **d** From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2014

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 THE	SCHOLARSHIP	FOUNDATION	OF ST. LC	UIS 43-60)31234 Page 8
Part VI	Supplemental Information	Provide the explanation	ons required by Part II	, line 10; Part II, line	e 17a or 17b; Part I	II, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar	c, 4b, 4c, 5a, 6, 9a, 9b,	9c, 11a, 11b, and 11c	; Part IV, Section E	s, lines 1 and 2; Par	t IV, Section C,
	Section D, lines 5, 6, and 8; and Pa	rt V, Section E, lines 2,	5, and 6. Also comple	ete this part for any	additional information	tion.
	(See instructions.)					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Continue FO1(a)(4) (F) and (C) and an instant	iiana. Camulata Dart III			
	Section 501(c)(4), (5), or (6) organizat	lions. Complete Part III.		Fmnl	over identification number
· •an	· ·	OLARSHIP FOUNDATION	ON OF COT I.		43-6031234
Pa		janization is exempt under			
	at 1 A Complete in the org	junization is exempt under	00011011 00 1(0) 0	1 10 4 00001011 027 01	garnzation.
	Describes a description of the conserie	and and the office of the office of the office of		D+ N/	
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit				
3	Volunteer hours for political campai	gn activities			
Pa	rt I-B Complete if the org	janization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization under	r section 4955	▶ \$	
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
	art I-C Complete if the org	janization is exempt under	r section 501(c), e	except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt function	on activities > \$	
	Enter the amount of the filing organ				
	exempt function activities		· ·		
3	Total exempt function expenditures				
_	line 17b		·	▶ \$	
4	Did the filing organization file Form				
	Enter the names, addresses and em				
_	made payments. For each organizat		•	•	0 0
	contributions received that were pro	·			·
	political action committee (PAC). If	additional space is needed, provid	e information in Part I\	<i>I</i> .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		1			1

Schedule C (Form 990 or 990-EZ) 2018 T	HE SC	HOLAR	SHIP FOUNDA	TION OF ST.	LOUIS 43-6	5031234 Page 2
Part II-A Complete if the orga section 501(h)).						
A Check ▶ ☐ if the filing organization expenses, and share				n Part IV each affiliated	group member's nam	ne, address, EIN,
B Check ▶ ☐ if the filing organization	ion checked	box A a	nd "limited control" pro	ovisions apply.		
Limits	s on Lobby	ing Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public	opinion ((grass roots lobbying)			
b Total lobbying expenditures to influe	•					
c Total lobbying expenditures (add line						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	00,000	\$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000	,000.			
g Grassroots nontaxable amount (ente	er 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zero	or less, en	er -0-				
i Subtract line 1f from line 1c. If zero	or less, ent	er -0				
j If there is an amount other than zero	on either l	ine 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this ye	ear?					Yes No
(Some organizations that	at made a	section 5	eraging Period Under 601(h) election do not rate instructions for li	have to complete all c	of the five columns b	elow.
	Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	15	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 THE SCHOLARSHIP FOUNDATION OF ST. LOUIS 43-6031234 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For a	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k)
	e lobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	X			
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			
i	Other activities?	X			
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/a\/F	·\	11	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(c	o), or sec	tion	
	501(c)(6).			Vaa	No
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is
	answered "Yes."	•	` ,	,	,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of th	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	SCHOLARSHIP FOUNDATION ENGAGES EDUCATION POLICY IN	ITERNS	TO RE	SEARCH	
PRC	POSED AND EXISTING LEGISLATION AFFECTING LOW-INCOME	POST-	SECON	DARY	
STU	DENTS. ADVOCACY ACTIVITIES ARE TARGETED AT INFORMI	NG LEG	SISLAT	ORS OF	ı
THE	EFFECTS OF LEGISLATION IN HOPES THAT SUCH INFORMAT	IN NOI	LL AF	FECT	
THE	IR DECISION MAKING. THE SCHOLARSHIP FOUNDATION SHA	RES FI	NDING	S WITH	

Schedule (C (Form 990 or 990)-EZ) 2018	THE SCHOLA	RSHIP	FOU	NDATION	OF	ST. LOUIS	43-6031234	Page 4
Part IV	Supplement	al Inform	nation (continued)							
OTHER	NONPROFIT	S AND	EXPRESSES	ADVOC	ACY	POSITIO	NS	IN PUBLIC		
PRESEI	NTATIONS.									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number 43-6031234

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
_	impermissible private benefit?		
Pa	Tt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	enservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser-	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	s the organization's accounting for
Da	conservation easements.	Aut Historical Transcures or (Other Cimilar Assats
Ра	T III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Julei Sillillar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC		oment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		rance of public service, provide, in Fart Alli,
h			and halance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, ed	•	
		ucation, or research in furtherance of p	dulic service, provide the following afflourits
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
•		or other similar assets for financial	
2	If the organization received or held works of art, historical trea		ciai gain, provide
_	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	• •
a	Revenue included on Form 990, Part VIII, line 1		
n	According to the community of the control of the co		

	dule D (Form 990) 2018 THE SCHO † III Organizations Maintaining C	OLARSHIP FO							Page 2
	•								
3	Using the organization's acquisition, accession	on, and other records	s, check any of the i	ollowing that are a	signiti	icant us	se of its c	ollection	tems
	(check all that apply):		□.						
a	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ie organization's e	kempt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other sim	lar ass	ets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on For	m 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia							_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.				-			_	
Par									
	John Protest	(a) Current year	(b) Prior year	(c) Two years back		Three v	ears back	(e) Four	years back
10	Paginning of year balance	4,684,202.	4,161,443.	3,853,000			78,917.		788,648.
	Beginning of year balance	14,950.	101,600.	1,850			22,040.	,	95,095.
	Contributions	-418,539.	•	· ·					
	Net investment earnings, gains, and losses	-410,539.	590,048.	473,154	• •	- (34,183.		218,754.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	171,511.	168,889.	166,561		10	53,774.		123,580.
f	Administrative expenses								
g	End of year balance	4,109,102.	4,684,202.	4,161,443	3.	3,8	53,000.	3,	978,917.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 92.94	%							
С	Temporarily restricted endowment	7.06 %							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for	the o	rganiza	tion		
	by:	3				5		Γ	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	nd on Schedule B2					3b	
								30	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment iunas.						
ı aı			D-4 IV P 44 - 0	F 000 Pt	V . I'	10			
	Complete if the organization answered		·	T T			. 1		
	Description of property	(a) Cost or of basis (investm		,) Accu depred	mulate ciation	d	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements		4	6,233.		6,93	35.	39	,298.
	Equipment			8,276.		7,13			,141.
	Other			3,269.		3,13			,133.
	. Add lines 1a through 1e. (Column (d) must en								,572.
· Jtal		<u> uai FUIII 330, Fdfl /</u>	s, coluititi (D), litte T	<i></i>				, 0	,

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	THE	SCHOLARSHIP	FOUNDATION	OF	ST.	LOUIS	
Part VII Investments - Of	her Se	curities.					

Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (on Form 990, Part IV, Description	line 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			+
(2)			+
(3)			
(4)			+
(5) (c)			-
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15\		_
Part X Other Liabilities.	15./		
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11e or 11f See Form 990 Part X line	e 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		, ,	
(2) ANNUITIES PAYABLE		8,913.	
(3) PROMISES-TO-GIVE FOR FUTUR	E	3,7233	
(4) FORWARD PROGRAM	_	171,853.	
(5) OTHER DEFERRED REVENUE		11,700.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	192,466.	
 Liability for uncertain tax positions. In Part XIII, provide 		•	nts that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2018

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public

Employer identification number

Inspection

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2 Schedule I (Form 990) (2018) 43-6031234 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ST. LOUIS (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE SCHOLARSHIP FOUNDATION OF (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part II

Page 2

43-6031234

Schedule I (Form 990) (2018) THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS MADE TO STUDENTS	208	1,739,542.	.0		
INTEREST-FREE AND FEE-FREE STUDENT LOAN AWARDS	393	3,130,345.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column (b); and any other ad	ditional information.	
SCHEDULE I, PART IV LINE 1					
THE SCHOLARSHIP FOUNDATION MONITORS	THE	OF LOANS	USE OF LOANS AND GRANTS AWARDED	AWARDED	
TO STUDENTS THROUGH CAREFUL EVALUATION	OF	THE EDUCATION	EDUCATIONAL AND FINANCIAL	INANCIAL	
INFORMATION PROVIDED BY PERSONS APPLYING	PLYING FO	R GRANTS O	FOR GRANTS OR LOANS AND BY) BY	
REVIEW OF DOCUMENTS RECEIVED FROM THE		CANTS AND	APPLICANTS AND FROM APPLICANTS'	CANTS '	
EDUCATIONAL INSTITUTIONS.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number

43-6031234

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	X Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	<u>5a</u>		X			
b	b Any related organization?						
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) FAITH SANDLER	Θ	177,042.	0	0	1,300.	14,004.	192,346.	0.
EXECUTIVE DIRECTOR	: ≘	0	0	0		0		0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	€							
	Ξ							
	E							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	⊞							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	<u>(ii</u>							
	Ξ							
	⊞							
	Ξ							
	(ii)							
829119 10.96.18							Schedu	Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE SCHOLARSHIP FOUNDATION OF ST. LOUIS Employer identification number 43-6031234

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	19	200 981.	AVE HI/LOW	STOC	'K 1	EXC
10	Securities - Closely held stock		17	200,301.	IIV IIII III IOW	DIOC	,11	<u> </u>
11								
"	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
44	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period	?				30a		X
b	b If "Yes," describe the arrangement in Part II.							
31								
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?							
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.			• •				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	THE	SCHOL	AKSHIP	FOUN.	DATTON	I OF	ST.	LOUIS	43-	60312	34	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Inforn t I, colum dditional	nation. Poin (b), the ninformation	Provide the incomplete unber of contractions.	information ontribution	required b s, the numb	y Part I, per of ite	lines 30k ms recei	o, 32b, and ved, or a d	d 33, and who	ether the or	ganization o complet	n te

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to 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.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SCHOLARSHIP FOUNDATION OF ST. LOUIS

Employer identification number 43-6031234

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO AREA STUDENTS WHO ARE IN FINANCIAL NEED AND WHO WOULD OTHERWISE NOT

HAVE THE FINANCIAL MEANS TO FULFILL THEIR EDUCATIONAL GOALS.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT OF THE SCHOLARSHIP FOUNDATION PROVIDES A COPY OF THE FORM 990 IN

ELECTRONIC FORMAT TO EACH OF ITS OFFICERS AND DIRECTORS FOR REVIEW. A

TIMELINE IS ESTABLISHED DURING WHICH MANAGEMENT ADDRESSES QUESTIONS OR

COMMENTS FROM BOARD MEMBERS ON THE CONTENT OF THE RETURN. ANY ADJUSTMENTS

TO THE RETURN ARE SHARED WITH ALL OFFICERS AND DIRECTORS. UPON COMPLETION

OF THE REVIEW PROCESS AND AFTER MAKING ANY PRESCRIBED CHANGES, A

REPRESENTATIVE OF THE FOUNDATION SIGNS THE FORM 990 AND THE RETURN IS

FORM 990, PART VI, SECTION B, LINE 12C:

THE SCHOLARSHIP FOUNDATION HAS A CONFLICT OF INTEREST POLICY THAT IS

INCLUDED IN THE FOUNDATION'S BY-LAWS AND REVIEWED WITH ALL BOARD MEMBERS.

THE SCHOLARSHIP FOUNDATION ALSO REQUIRES BOARD MEMBERS AND KEY EMPLOYEES TO

COMPLETE A REPORT FORM EACH YEAR FOR REVIEW BY THE TREASURER. A COPY OF

THE POLICY IS ATTACHED TO THE FORM PROVIDED TO BOARD MEMBERS. THE REPORTS

AND ANY COMMENTS OR QUESTIONS ARE THEN SUBMITTED TO THE EXECUTIVE

COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THERE IS NO COMPENSATION BASED ON SALES, PROFITS, OR OTHER PERFORMANCE

CRITERIA FOR ANY OF THE EMPLOYEES OF THE SCHOLARSHIP FOUNDATION. THERE ARE

Name of the organization THE SCHOLARSHIP FOUNDATION OF ST. LOUIS	Employer identification number 43-6031234								
NO CONTINGENT COMPENSATION AGREEMENTS. THERE ARE NO BONUSES. THE									
EXECUTIVE DIRECTOR HAS A WRITTEN CONTRACT. THE PERFORMANCE OF THE									
EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE PRESIDENT, IN CONSULTATION									
WITH THE EXECUTIVE COMMITTEE OF THE BOARD, IN A FORMAL PROCESS. PERIODIC									
EXTERNAL COMPENSATION STUDIES ARE PERFORMED TO VALIDATE AND SUBSTANTIATE									
SALARY RANGES FOR ALL POSITIONS.									
FORM 990, PART VI, SECTION C, LINE 19:									
UPON REQUEST: THE SCHOLARSHIP FOUNDATION WILL MAKE ITS GOVERNING DOCUMENTS,									
ITS CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE TO									
THE PUBLIC AT THE FOUNDATION'S OFFICES DURING NORMAL BUSINESS HOURS.									
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:									
STUDENT LOANS REPAID	-2,197,612.								
STUDENT LOANS AWARDED	3,130,345.								
NET LOSS FROM ANNUITIES AND TRUST -2,327.									
TOTAL TO FORM 990, PART XI, LINE 9 930,406.									