** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

_			enung						
В	Check if applicab	C Name of organization		D Employer identific	cation number				
•		HERBERT HOOVER BOIS & GIRLS CLUB							
	Addre	OF ST. LOUIS, INC.							
	Name Chan	Doing business as BOYS & GIRLS CLUBS OF GRTR	STL	43-6	061693				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
Ē	Final returr	2901 NORTH CRAND AVENUE			652-8300				
	termi ated			G Gross receipts \$	9,836,764.				
Г	□Amer	ided CATNIE TOUTS MO 62107		H(a) Is this a group re					
F	returr Appli tion			for subordinates					
_	tion pend	2901 N GRAND AVE, ST LOUIS, MO 63107			·····= =				
_				H(b) Are all subordinates in					
		tempt status: X 501(c)(3)	or 527	7	list. (see instructions)				
		ite: ► WWW.BGCSTL.ORG		H(c) Group exemptio					
		f organization: X Corporation Trust Association Other	L Year	of formation: 1967	M State of legal domicile; MO				
P	art I	Summary							
ø.	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O					
ğ									
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	37				
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			37				
ფ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			254				
<u>i</u>	6	Total number of volunteers (estimate if necessary)			1222				
Activities & Governance	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥	' h	Net unrelated business taxable income from Form 990-T, line 34			0.				
_	B	Thet difference dusiness taxable income from Form 990-1, line 54							
e		Contributions and sweets (Dort VIII line 41s)		Prior Year 7,170,510.	Current Year 6,464,210.				
	8	Contributions and grants (Part VIII, line 1h)			333,222.				
ē	9	Program service revenue (Part VIII, line 2g)		272,098.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		166,296.	-2,221.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-53,555.	-115,210.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,555,349.	6,680,001.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,805,620.	4,015,570.				
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	35,607.				
Expenses	. Ы	Total fundraising expenses (Part IX, column (D), line 25) 450,93	38.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,877,532.	2,185,048.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,683,152.	6,236,225.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,872,197.	443,776.				
9	13	Tieveride less expenses. Subtract line 10 from line 12		eginning of Current Year	End of Year				
Net Assets or	200	Total access (Part V. line 16)	В	15,183,388.	15,891,017.				
SSe	20	Total assets (Part X, line 16)		1,690,988.	1,605,760.				
et A	21	Total liabilities (Part X, line 26)		13,492,400.	14,285,257.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		13,492,400.	14,203,237.				
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and beliet, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Sig	n	Signature of officer		Date					
Here FLINT FOWLER, EXECUTIVE DIRECTOR									
	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	d	JAMES R. RITTS		if self-employ	P00362910				
	parer	Firm's name RUBINBROWN LLP		Firm's EIN ▶	43-0765316				
	Only	Firm's address ONE NORTH BRENTWOOD		o Ent					
	SAINT LOUIS, MO 63105 Phone no. (314) 290-3300								
N/a-	, +b	•		Trilone no. (5	77				
ivia	y trie i	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 916, 095. including grants of \$) (Revenue \$) (Revenue \$)	•)
	HERBERT HOOVER (FORMALLY SPORTSMANS PARK) CLUB - THIS FACILITY	— ′
	CURRENTLY SERVES OVER 3,000 YOUTH WITH AN AVERAGE OF 300 YOUTH	_
	ATTENDING DAILY. OPEN 48 WEEKS A YEAR, FIVE DAYS A WEEK, THE 78,000	_
	SQUARE-FOOT FACILITY HOUSES A VISION CLINIC, AQUATICS CENTER, LEARNING	
	CENTER, AND SPORTS FIELD, AS WELL AS A DENTAL CLINIC, READING ROOM,	_
	SCIENCE ROOM, TECHNOLOGY CENTER, GAME ROOM, TENNIS COURTS, FOOTBALL	_
	FIELD, GYMNASIUM, ART ROOM, TEEN CENTER, PERFORMING ARTS/DANCE STUDIO,	_
	MULTI-PURPOSE ROOM, CAFETERIA AND KITCHEN, FITNESS CENTER, AND A NEW	_
	MUSIC STUDIO.	
		_
		_
4b	(Code:) (Expenses \$ 745,163. including grants of \$) (Revenue \$) (Revenue \$)	•)
	ADAMS PARK CLUB - THIS FACILITY CURRENTLY SERVES 650 CHILDREN WITH	
	75 MEMBERS ATTENDING DAILY. THE 28,000 SQUARE-FOOT CENTER OFFERS	
	EDUCATIONAL, RECREATIONAL AND SOCIAL ACTIVITIES, AS WELL AS	
	TEEN-FOCUSED PROGRAMS. THE FACILITY INCLUDES A GYM, DANCE STUDIO,	
	FITNESS CENTER, GAME ROOM, COMPUTER LAB, EYECARE CLINIC, AND	
	SPORTS FIELD.	
4c	(Code:) (Expenses \$)
	MENTOR ST. LOUIS - MENTOR ST. LOUIS SERVES APPROXIMATLEY 425 YOUTH	
	ANNUALLY. THE PROGRAM MATCHES CARING ADULTS WITH ELEMENTARY SCHOOL	
	CHILDREN TO ENHANCE LITERACY AND READING SKILLS, TRIGGER DISCUSSIONS,	
	CREATIVE THINKING AND BUILD STUDENTS' SELF-ESTEEM. THE SCHOOL-BASED	
	MODEL OPERATES A MENTORING PROGRAM AT FIVE ST. LOUIS PUBLIC ELEMENTARY	
	SCHOOLS; AND IN ROOSEVELT AND NORMANDY HIGH SCHOOLS, THROUGH MENTORS'	
	BE GREAT: GRADUATE PROGRAM. THE AFTERSCHOOL MODEL TAKES PLACE AT ALL	
	CLUB LOCATIONS.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 1,695,799 • including grants of \$) (Revenue \$ 106,310 •)	
4e	Total program service expenses ► 5,029,543.	
	Form 990 (20	J16)

Form 990 (2016) OF ST. LOUIS
Part IV Checklist of Required Schedules

				Γ
_	In the consecutive described in earlier FO4/2/(0) or 40.47(2)(4) (although on earlier to constation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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,	_		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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,		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			
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	Х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	22	Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13	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	13		
10	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,	10		
• •	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			
.0	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."	.5		
13	complete Schedule G. Part III	19	Х	
	COMPLETE SCHEDULE G., Falt III	יו	22	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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
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		<u> </u>
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			
	Schedule J	23	_X_	
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			
	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		
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26		X
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			7.7
	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):			7
_	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		 -
~	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?			
	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		х
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	Х	
		_		

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	······	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	69			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	254			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Art	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			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
С	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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			7.7
	to file Form 8282?	i		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
9	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 organiza			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. Did the sponsoring organization make any taxable distributions under section 49662			00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a oh		
р 10	Section 501(c)(7) organizations. Enter:			9b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	_100				
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	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.					
	In the constant in the constant is the constant in the constan			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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 organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		
_		·		Form	990	(2016)

43-6061693

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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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 37	7		
	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		_{1b} 37	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w				
_	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the di				
Ū	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 990		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5		X
	Did the organization become aware during the year of a significant diversion of the organization's assets		6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appo		-		
7a					x
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	•	l		- V
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	•		37	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				,,
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap-	ers, affiliates,			
			10b	X	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise \ to$		12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	" describe			
	in Schedule O how this was done		12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	/ independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate if	s participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for 990-T (Section 6104 requires and 090-T (Section 6104	ection 501(c)(3)s only) a	available	9	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in	Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict		d financ	ial	
	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 books	and records:			
-	FLINT FOWLER - 314-335-8000				
	2901 NORTH GRAND AVE, ST LOUIS, MO 63107				

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Name and Title	(A)	(B)	l	11124		<u> </u>	ipoi	ioutt	(D)	(E)	(F)
NULLIAM K. FREEMAN 2.00	Name and Title	Average	(do					one		Reportable	
New Park			box	, unle	ss per	rson i	s both	n an		· ·	
(1) WILLIAM K. PREEMAN 2.00 X				l a		l	174443	(00)			
(1) WILLIAM K. FREEMAN 2.00 X		'	direct				l _e			•	•
(1) WILLIAM K. FREEMAN 2.00 X			ee or	stee			nsate		_	(** 2, 1000 111100)	
(1) WILLIAM K. FREEMAN 2.00 X		organizations	trust	nal tru		oyee	om pe		,		and related
(1) WILLIAM K. FREEMAN 2.00 X			vidua	itutio	cer	empl	hest c	ner			organizations
DARD MEMBER Co.05 X Co.			Indi	Inst	0#i	Key	Hig	Fori			
C2 A KEITH TURNER											
DOARD MEMBER			Х						0.	0.	0.
Column C		2.00									
BOARD MEMBER			Х						0.	0.	0.
A											
BOARD MEMBER			X						0.	0.	0.
STEVEN BLOOM											
CHAIR			X						0.	0.	0.
Columb C		2.00									
BOARD MEMBER			Х		X				0.	0.	0.
O		2.00									
BOARD MEMBER			Х						0.	0.	0.
Refer Lazaroff		2.00	1								_
BOARD MEMBER			Х						0.	0.	0.
SOURCE S		2.00									
BOARD MEMBER			Х						0.	0.	0.
Color Colo	·	2.00									
BOARD MEMBER			Х						0.	0.	0.
Column		2.00									
BOARD MEMBER			Х						0.	0.	0.
Column C		2.00	ļ								
BOARD MEMBER X			Х						0.	0.	0.
Columb C		2.00	ļ								•
BOARD MEMBER X			Х						0.	0.	0.
Column C		2.00	ļ								
BOARD MEMBER X 0. 0. 0. (15) MARY M. BONACORSI 2.00 0. 0. 0. 0. VICE CHAIR 0.15 X X X 0. 0. 0. 0. (16) MARK BULANDA 2.00 0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
VICE CHAIR		2.00	ļ								
VICE CHAIR 0.15 X X X 0.0.0.0. (16) MARK BULANDA 2.00 X 0.0.0.0. 0.0.0.0. BOARD MEMBER X 0.0.0.0.0. 0.0.0.0. BOARD MEMBER 0.005 X 0.0.0.0.0. 0.0.0.0.0.			Х						0.	0.	0.
(16) MARK BULANDA 2.00 BOARD MEMBER X (17) MARIA DEL CARMEN JACOB 2.00 BOARD MEMBER 0.05 X 0.05					<u>-</u> _						_
BOARD MEMBER X 0. 0. 0. (17) MARIA DEL CARMEN JACOB 2.00 0. 0. 0. 0. BOARD MEMBER 0.05 X 0. 0. 0. 0.			Х		X				0.	0.	0.
(17) MARIA DEL CARMEN JACOB BOARD MEMBER 2.00 X 0.05 X 0.00		2.00	 								_
BOARD MEMBER 0.05 X 0. 0.		1	X	_		_	_		0.	0.	0.
										_	^
		0.05	Х			<u> </u>			0.	0.	

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OF ST. LOUIS, INC.

Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the Highest compensated related nstitutional truste (W-2/1099-MISC) organization organizations ey employee and related below organizations line) (18) LORENZO M. BOYD 2.00 BOARD MEMBER Х 0. 0. 0. (19) NICHOLAS B. CLIFFORD, JR. 2.00 Х 0. 0.10 0 . 0. BOARD MEMBER (20) LARRY E. PARRES 2.00 SECRETARY Х Х 0 0. 0. (21) JOHN MEARA 2.00 BOARD MEMBER X 0. 0. (22) T. WILLIAM WHITE 2.00 BOARD MEMBER Х 0. 0. 0. (23) JOHN FARMER 2.00 BOARD MEMBER 0.10 Х 0. 0. 0. (24) JOAN E. SILBER, PH.D. 2.00 Х 0. 0. BOARD MEMBER 0 (25) JERRY GARBUTT 2.00 0. BOARD MEMBER 0. 0. (26) JAMES J. BUTLER 2.00 BOARD MEMBER 0 0. 0. 0. 0. 1b Sub-total 262,249. 0. 25,531. Total from continuation sheets to Part VII, Section A 262,249. 0. 25 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LYNN'S ELECTRIC, LLC		
	ELECTRICAL	137,524.
LORENZ COMMERCIAL & INDUSTRIAL ROOFING		
10536 LIBERTY AVENUE, ST. LOUIS, MO 63132	ROOFING	124,313.
WHELAN SECURITY		
1750 S HANLEY RD, ST. LOUIS, MO 63144	SECURITY	118,358.

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2016)

43-6061693

Form 990

	LOUIS, IN	<u>тс.</u>							43-606	1693
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_)yee		the	organizations	compensation
	(list any	or director				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	Individual trustee	Institutional trustee	_	Key employee	Highest compensated employee	Ē			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) JAMES E. WILLIAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(28) HOWARD G. RICHARDS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(29) GEORGE L. HENSLEY, JR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(30) EMILY PITTS	2.00									
BOARD MEMBER		Х	L	L	L	L	L	0.	0.	0.
(31) KEITH LUEKING	2.00									
TREASURER	0.05	Х	L	Х		L		0.	0.	0.
(32) DR. SEAN JOE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(33) DAVID QUELLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(34) DAVID M. TOUCHETTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(35) DANIEL S. FARRELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(36) BRIAN R. DOBBINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(37) BARBARA BARTLEY-TURKINGTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(38) JOHN KLOS	50.00								_	
VICE PRESIDENT OF FINANCE				Х				76,638.	0.	7,234.
(39) FLINT FOWLER	60.00	1								
EXECUTIVE DIRECTOR	0.15			Х				185,611.	0.	18,297.
		-								
		-								
		-								
			_			_				
		-								
		1								
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		}								
			_							
		1								
	l]	<u> </u>	l		I				
Total to Doub VIII. Continue A. Une de								262,249.		25,531.
Total to Part VII, Section A, line 1c								404,449.		43,331.

Form 990 (2016) OF ST.

Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
z ts	1 :	a	Federated campaigns	1a	939,994.				
, Grants mounts			Membership dues		38,714.				
Ω, E			Fundraising events		549,345.				
sΖ			Related organizations		36,333.				
n, G			Government grants (contribution		739,833.				
Sir			All other contributions, gifts, grant						
outi her			similar amounts not included above		4,159,991.				
텵		a	Noncash contributions included in lines 1	Ia-1f: \$	580,978.				
Contributions, Gift and Other Similar		_	Total. Add lines 1a-1f		>	6,464,210.			
					Business Code				
9	2	а	PROGRAM REVENUE		900099	333,222.	333,222.		
·vic		b							
Program Service Revenue		С							
am		d							
ogra Re		е							
Pro		f	All other program service rever	nue					
		g	Total. Add lines 2a-2f			333,222.			
	3		Investment income (including						
			other similar amounts)		>	77,505.			77,505.
	4		Income from investment of tax						
	5		Royalties	· <u></u>					
				(i) Real	(ii) Personal				
	6	а	Gross rents	2,150	•				
		b	Less: rental expenses	0 .	•				
		С	Rental income or (loss)	2,150	•				
		d	Net rental income or (loss)			2,150.			2,150.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2,853,813	•				
		b	Less: cost or other basis						
			and sales expenses	2,933,539					
		С	Gain or (loss)	-79,726	,				
			Net gain or (loss)			-79,726.			-79,726.
nue	8	а	Gross income from fundraising including \$ 549,						
Other Revenu			contributions reported on line						
Ř			Part IV, line 18	ŕ	86,575.				
:hei		b	Less: direct expenses		0.1 = 0.1.1				
Ö			Net income or (loss) from fund			-131,336.			-131,336.
			Gross income from gaming ac						
			Part IV, line 19		10,625.				
		b	Less: direct expenses		5,313.				
			Net income or (loss) from gam			5,312.			5,312.
			Gross sales of inventory, less i						
			and allowances	a	n				
		b	Less: cost of goods sold						
		С	Net income or (loss) from sales	s of inventory .					
			Miscellaneous Revenue		Business Code				
	11	а	MISCELLANEOUS		900099	8,664.			8,664.
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d			8,664.			
	12		Total revenue. See instructions.			6,680,001.	333,222.	0.	-117,431.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			J	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	207 700	142 000	02 012	E0 077
_	trustees, and key employees	287,780.	143,890.	92,913.	50,977
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,219,240.	2,709,071.	255,081.	255,088
7	Other salaries and wages	3,219,240.	2,109,011.	233,001.	233,000
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	234,356.	199,249.	17,175.	17 932
9 9	Other employee benefits	274,194.	223,687.	26,762.	17,932 23,745
1	Payroll taxes Fees for services (non-employees):	2/4,154.	223,007.	20,102	25,745
' a	Management				
b	Legal	82.		82.	
	Accounting	60,180.		60,180.	
	Lobbying	00,2001		00,2001	
e	Professional fundraising services. See Part IV, line 17	35,607.			35,607
f	Investment management fees	28,272.		28,272.	, , , , , , , , , , , , , , , , , , , ,
g	Other. (If line 11g amount exceeds 10% of line 25,	•			
Ū	column (A) amount, list line 11g expenses on Sch O.)	25,253.	13,575.		11,678
2	Advertising and promotion	70,040.	4,345.	60,433.	11,678 5,262
3	Office expenses	191,100.	80,900.	83,657.	26,543
4	Information technology	133,974.	120,695.	4,981.	8,298
5	Royalties				
6	Occupancy	388,530.	388,530.		
7	Travel	44,078.	25,244.	12,901.	5,933
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	41,251.	6,291.	30,477.	4,483
0	Interest	56,776.	51,098.	5,678.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	404,756.	367,017.	37,739.	
3	Insurance	142,213.	142,163.	50.	
4	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.)				
а	CONTRACTED SERVS & SPLY	481,223.	479,051.	717.	1,455
b	EQUIP RENTAL & MAINT	86,928.	73,339.	9,805.	3,784
С	MEMBERSHIP	30,392.	1,398.	28,841.	153
d					
е	All other expenses				
5_	Total functional expenses. Add lines 1 through 24e	6,236,225.	5,029,543.	755,744.	450,938
6	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)				

Form **990** (2016)

Part X Balance Sheet

ı a	LA	District Street			
		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	1,424.	1	1,542.
	2	Savings and temporary cash investments	1,200,079.	2	2,279,755.
	3	Pledges and grants receivable, net	1,690,768.	3	2,803,650.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,505.	9	49,560.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 13,635,526. 10b 6,580,317.			
	b	Less: accumulated depreciation 10b 6,580,317.	7,132,970.	10c	7,055,209. 3,701,301.
	11	Investments - publicly traded securities	4,848,752.	11	3,701,301.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	275,890.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,183,388.	16	15,891,017.
	17	Accounts payable and accrued expenses	168,903.	17	250,465.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	1 500 005	22	4 255 225
_	23	Secured mortgages and notes payable to unrelated third parties	1,522,085.	23	1,355,295.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1 (00 000	25	1 605 760
	26	Total liabilities. Add lines 17 through 25	1,690,988.	26	1,605,760.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	7 106 142		7 656 042
anc	27	Unrestricted net assets	7,106,143. 3,586,740.	27	7,656,042.
Bal	28	Temporarily restricted net assets	2,799,517.	28	4,142,622. 2,486,593.
5	29	Permanently restricted net assets	4,133,311.	29	2,400,393.
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.		00	
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	13 /02 /00	32	14 285 257
_	33	Total net assets or fund balances	13,492,400. 15,183,388.	33	14,285,257.
	34	Total liabilities and net assets/fund balances	10,100,000.	34	15,891,017.

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Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,23		
3	Revenue less expenses. Subtract line 2 from line 1	3	44	3,7	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,49	2,4	00.
5	Net unrealized gains (losses) on investments	5	24	1,3	78.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	10	7,7	03.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14,28	5,2	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS. INC. Employer identification number 43-6061693

Pa	rt I	Reason for Public C	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
he (organi	zation is not a private found						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		•			i).	
4		A medical research organiza	· ·					the hospital's name,
		city, and state:	·					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that normal	-					oublic described in
		section 170(b)(1)(A)(vi). (C	-	mai pai i oi no capport n	o a gove		anne en menn ane gemeran	
8		A community trust describe	•	1)(A)(vi). (Complete Par	EIL)			
9		An agricultural research org			•	ed in coniu	inction with a land-grant	college
•		or university or a non-land-g				-	-	•
		university:	ram comogo or agnor			,,	, and state of the semega	
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	ort from c	ontribution	ns, membership fees, an	nd gross receipts from
		activities related to its exem						
		income and unrelated busin						•
		See section 509(a)(2). (Cor		(1000 000 110 110 110 110 110 110 110 11			ou by the organization of	
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50)9(a)(4).	
12	一	An organization organized a	•	•	•			purposes of one or
		more publicly supported org	•	•	-		•	
		lines 12a through 12d that of						
а		Type I. A supporting orga	* *					aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		organization. You must c			,, -			9
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina
-		control or management of	· ·					-
		organization(s). You mus			po.co.		mor or manage and eap	55,154
С		Type III functionally inte	-		in connect	ion with. a	and functionally integrate	ed with.
_		its supported organization						,
d		Type III non-functionally						zation(s)
		that is not functionally into					• • • • •	* *
		requirement (see instructi	-	• •	•		='	
е		Check this box if the orga	•	-				
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	
f	Ente	r the number of supported o	• •	, 0 11	0 0			
g		ide the following information		d organization(s).				•
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								

43-6061693 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.)

Sec	ction A. Public Support	71		,				_
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	_
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4248993.	4205628.	3232807.	7649070.	6470802.	<u> 25807300</u>	•
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	404000	4005600	202000	5640050	645000	05005000	_
	Total. Add lines 1 through 3	4248993.	4205628.	3232807.	7649070.	6470802.	<u> 25807300</u>	<u>•</u>
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)						3445668	
	Public support. Subtract line 5 from line 4.						22361632	<u>•</u>
	ction B. Total Support						I	_
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 3232807.	(d) 2015 7649070.	(e) 2016 6470802.	(f) Total	—
	Amounts from line 4	4248993.	4205628.	3434807.	7649070.	64/0802.	2580/300	<u>•</u>
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	65 020	22 467	104 770	06 411	77 505	306 000	
_	and income from similar sources	65,838.	32,467.	124,778.	86,411.	77,505.	386,999	<u>•</u>
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							—
10	Other income. Do not include gain							
	or loss from the sale of capital	140,612.	207 177	227,143.	115 110	77,422.	797,502	
	assets (Explain in Part VI.)	140,012.	201,111.	227,143.	143,140.		26991801	
	Total support. Add lines 7 through 10 Gross receipts from related activities,					12	993,204	
12	First five years. If the Form 990 is for	•	,	d fourth or fifth to			JJJ, 204	÷
13	organization, check this box and stor						▶□	٦
Sec	ction C. Computation of Publi		centage					<u> </u>
	Public support percentage for 2016 (li			olumn (f))		14	82.85	%
15						15		%
	16a 33 1/3% support test - 2016. 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							
b	33 1/3% support test - 2015. If the o							
	and stop here. The organization qual						_	
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□	
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) 2016

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.)

qualify under the tests listed be Section A. Public Support	low, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,		, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization'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			1	+	1	
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2016 (lir	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	.015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the d	d stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	>
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	V	
	Yes	No
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
30		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
10b		
990 or 99	0-EZ)	2016

Pa	rt IV Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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			
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	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	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion B. All Type in Supporting Organizations		V	N _a
4	Did the executation provide to each of its supported executations, but he lost day of the fifth month of the		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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	¹t V │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		T	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			1.10 2010	7.11.02.11.101.2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u> </u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4			
<u>c</u> 5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Part VI

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Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2012 AMOUNT: \$ 2,921. 2013 AMOUNT: \$ 28,606. 19,078. 2014 AMOUNT: \$ 2015 AMOUNT: \$ 20,692. 2016 AMOUNT: \$ 20,997. SPECIAL EVENTS 2012 AMOUNT: \$ 131,841. 2013 AMOUNT: \$ 176,771. 2014 AMOUNT: \$ 206,665. 2015 AMOUNT: \$ 123,856. 2016 AMOUNT: \$ 43,650. RENTAL INCOME 2012 AMOUNT: \$ 5,850. 2013 AMOUNT: \$ 1,800.

GAMING

2014 AMOUNT: \$

2015 AMOUNT: \$

2016 AMOUNT: \$

2016 AMOUNT: \$ 10,625.

1,400.

2,150.

600.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
EXCESS CONTRIBUTIONS	3,985,504.	3,445,668.
Total Excess Contributions to Schedule A. Part II. Line 5		3.445.668.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

43-6061693

Employer identification number

OMB No. 1545-0047

Organization type (check one).						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization
HERBERT HOOVER BOYS & GIRLS CLUB
OF ST. LOUIS, INC.

Employer identification number

43-6061693

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$939,995.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$159,019.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$357,345.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$148,211.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 804,904.	Person X Payroll

Name of organization
HERBERT HOOVER BOYS & GIRLS CLUB
OF ST. LOUIS, INC.

Employer identification number

43-6061693

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		- - \$ 750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- - \$ <u>227,742.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$ 378,131.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HERBERT HOOVER BOYS & GIRLS CLUB
OF ST. LOUIS, INC.

Employer identification number

43-6061693

Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
raiti	PUBLICLY TRADES STOCK		
4			
		\$\$\$	12/31/16
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I		(cos men acuent)	
9	PUBLICLY TRADED STOCK		
		\$ \$\$	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of organization Employer identification number HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC. 43-6061693 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

Employer identification number 43-6061693

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Da			
Par			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	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С.	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ease	ement is legated	
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	b	and ing of violations, and officioning con-	servation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ition easements during the year
•	▶ \$		men cacements adming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	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 organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhil	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 110	-	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

632051 08-29-16

Schedule D (Form 990) 2016

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Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or	Other	Similar A	ssets	(contir	าued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain I	now they further th	e organizatior	n's exem	npt purpose i	n Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other	similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's col	lection?			. \square	Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Complet	e if the organization	n answered "\	es" on	Form 990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contributions	or other asse	ets not i	ncluded				
	on Form 990, Part X?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	<u>t</u>	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					ty?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	orovided on P	art XIII					
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance	2,627,408.	2,515,761.	2,238	,220.	1,781	,328.	1	,355,	332.
	Contributions	6,078.	218,922.	300	,000.	297	,925.		299,	700.
С	Net investment earnings, gains, and losses	138,490.	14,232.	89	,095.	235	,357.		142,	118.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	111,059.	95,537.	89	,600.	54	,290.		3,	382.
f	Administrative expenses		25,970.	21	,954.	22	,100.		12,	440.
g	End of year balance	2,660,917.	2,627,408.	2,515		2,238		1	,781,	328.
2	Provide the estimated percentage of the curre	ent vear end balance				-	-			
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
	Temporarily restricted endowment	<u></u>								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	on that are held an	d administere	d for the	e organizatio	n			
	by:	3				3			Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipme		mont farias.							
	Complete if the organization answered		Part IV. line 11a. So	ee Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or oth				cumulated		(d) Boo	k valu	
	becomption of property	basis (investme	` '			preciation		(u) 500	it valu	J
12	Land	'		3,206.				47	3,2	06.
b				3,556.	5 3	356,930		$\frac{1}{6,19}$		
	Buildings Leasehold improvements		11,33	-,	5,5	,	+	-, <u>-</u>	<u> </u>	<u></u>
	Equipment		1 38	6,432.	1 1	58,632	\top	2.2.	7,8	00-
	Other			2,332.		64,755	_		7,5	
	. Add lines 1a through 1e. (Column (d) must ed			-		32,733		7,05		

Schedule D (Form 990) 2016

Schedu	ile D (Form 990) 2016 OF ST. LOUI	S, INC.		43-6061693	Page 3
Part '	VII Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Pa	rt X, line 12.	
(a) De	scription of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market val	lue
(1) Fina	ancial derivatives				
	sely-held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (C	Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part '	VIII Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Pa	rt X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market val	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (C	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, line	11d. See Form 990, Pa	rt X, line 15.	
	(a)	Description		(b) Book valu	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part 1	X Other Liabilities.	,			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1)	Federal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

OF ST. LOUIS, INC.

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,893,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	241,378.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	241,378.
3	Subtract line 2e from line 1			3	6,651,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	28,272.		
С	Add lines 4a and 4b			4c	28,272.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·	5	6,680,001.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,207,953.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,207,953.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		00 000		
b	Other (Describe in Part XIII.)	4b	28,272.		00 000
С	Add lines 4a and 4b			4c	28,272.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,236,225.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inforr	nation.		
D 3 E	DM 57 T TATE 4				
PAF	RT V, LINE 4:				
TOATE	COMMENS EINDS SO MONADDS SUADAGMED AND LEAD	ידוום מודו		MIN	ATTION TAKE
ENL	DOWMENT FUNDS GO TOWARDS CHARACTER AND LEAD	ERSHI	PROGRAMS,	MEI	NTORING
DD C	OCDANG MEGUNOLOGY DROGRANG AND EDUCAMION A	NTD (17.1	DEVELO	DMES	ATTT
PRC	OGRAMS, TECHNOLOGY PROGRAMS AND EDUCATION A	ND CAL	KEEK DEVELO	PMEI	N.T. •
ם אם	OM VI IINE AD OMUED AD HICHMENMC.				
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
тлт	TECHMENT EVDENCE DECLACCIETED TO EVDENCE				20 272
<u>T1//</u>	/ESTMENT EXPENSE RECLASSIFIED TO EXPENSE				28,272.
ם א ב	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
LAI	XI XII, DINE 4D - OTHER ADOUGHENTS.				
тмт	/ESTMENT EXPENSE RECLASSIFIED FROM REVENUE				28,272.
<u> </u>	DITTOR LANGUAGE TO THOSE TO THOSE TO THE VENUE				20,212•

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule D (Form 990) 2016	OF ST. LOUIS, INC.	43-6061693 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Information	rmation _(continued)	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

Employer identification number 43-6061693

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
MARY K. NEAL DBA WRITING		Yes	No				
JORKS - 7270 NORTHMOOR DR,	GRANT WRITING		Х	1,117,423.	10,833.	1,106,590.	
IICHAEL D. RUBIN & ASSOCIATES LC - 230 LINDEN AVENUE, ST.	FEASIBILITY STUDY		х	0.	24,774.	-24,774.	
otal			>	1,117,423.	35,607.	1,081,816.	
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 OF ST. LOUIS, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or furidialsing event contributions and gro	33 Income on Form 330	LZ, III loo 1 and ob. List c	vonto with gross receipt	o greater triair 40,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				DINNER AUCTION	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(GVGHE LYPO)	(event type)	(total Hamber)	
Revenue	1	Gross receipts	249,124.	297,189.	89,607.	635,920.
۳	2	Less: Contributions	206,200.	271,568.	71,577.	549,345.
	3	Gross income (line 1 minus line 2)	42,924.	25,621.	18,030.	86,575.
		, , , , , , , , , , , , , , , , , , , ,	,	Í	•	•
	4	Cash prizes				
	_		21 220	2 510	0 204	42 041
S	5	Noncash prizes	31,229.	3,518.	8,294.	43,041.
Direct Expenses	6	Rent/facility costs				
it Ex	7	Food and beverages	48,956.	57,655.	21,575.	128,186.
Jirec	′	Food and beverages	40,550.	31,033.	21,3734	120,100.
비	8	Entertainment			5,800.	5,800.
	9	Other direct expenses		10,767.	4,538.	40,884.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	217,911.
Da	11 rt I	Net income summary. Subtract line 10 from li	ne 3, column (d)			-131,336.
Ра	ונו	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$13,000 on Form 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue			10,625.	10,625.
Se	2	Cash prizes				
kbense	3	Noncash prizes			5,313.	5,313.
Direct Expenses	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	X No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	5,313.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	5,312.
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes X No
b	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes X No
b	lf "	Yes," explain:				
	_					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule G (Form 990 or 990-EZ) 2016 OF ST. LOUIS, INC.	43-6061693 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
	. 4.14 10001401
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	venue? Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) are	nd (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
COURDING C DARM T ITME OR ITCM OF MEN UTCUECM DATE F	TINDD A T CED C .
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID F	UNDRAISERS:
(I) NAME OF FUNDRAISER: MARY K. NEAL DBA WRITING WORKS	
(I) ADDRESS OF FUNDRAISER: 7270 NORTHMOOR DR, ST. LOUIS	, MO 63105
/T\	
(I) NAME OF FUNDRAISER: MICHAEL D. RUBIN & ASSOCIATES L	ьс
/T) ADDDECC OF FINDDATCED. 220 I THORN ASSENTED OF TOTAL	MO 6310E
(I) ADDRESS OF FUNDRAISER: 230 LINDEN AVENUE, ST. LOUIS	, MO 63105

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule G (Form 990 or 990-EZ) OF ST. LOUIS, INC.	43-6061693 Page 4
Schedule G (Form 990 or 990-EZ) OF ST. LOUIS, INC. Part IV Supplemental Information (continued)	
	Cabadula O (Faura 000 au 000 FZ)

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.

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

HERBERT HOOVER BOYS & GIRLS CLUB Empl
OF ST. LOUIS, INC.

4

Employer identification number 43-6061693

OMB No. 1545-0047

2016

P	Part I Questions Regarding Compensation			
	·		Yes	No
1a	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 i			
	First-class or charter travel Housing allowance or resid	lence for personal use		
	Travel for companions Payments for business use	e of personal residence		
	Tax indemnification and gross-up payments X Health or social club dues	·		
	Discretionary spending account Personal services (such as			
	<u> </u>			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding p	payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to e	·	Х	
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		Х	
	, -			
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 relative	•		
	establish compensation of the CEO/Executive Director, but explain in Part III.	atod organization to		
	Compensation committee Written employment contra	act		
	☐ Independent compensation consultant ☐ Compensation survey or st			
	Form 990 of other organizations X Approval by the board or c			
	Tom 330 of other organizations	ompensation committee		
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to th	e filing		
•	organization or a related organization:			
a		4a		х
	 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 			X
	c Participate in, or receive payment from, an equity-based compensation arrangement?	l l		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in			
	in 163 to any or lines 42 6, list the persons and provide the applicable amounts for each termin	art III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		ay compensation		
J	contingent on the revenues of:	y compensation		
a	a The organization?	5a		х
				X
J	b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<u> </u>		
6		ay compensation		
U	contingent on the net earnings of:	y compensation		
•		6a		х
	a The organization? b Any related organization?			X
D	b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	80		
7	·	fixed payments		
'				х
8	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that w.			
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in P	-		х
9				
IJ	iii res on line o, did the organization also follow the reputtable presumption procedure describe	Ju III		

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

Schedule J (Form 990) 2016

Regulations section 53.4958-6(c)?

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 W-2 and/or 1099-MISC compensatio			(C) Retirement and other deferred	(D) Nontaxable	(D) Nontaxable benefits (E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in column (B) reported as deferred on prior Form 990
(1) FLINT FOWLER	(i)	185,611.	0.	0.	7,424.	10,873.	203,908.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Page 3

rovide the information, explanation, or descriptions required	I for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

Employer identification number 43-6061693

Par	t I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu	•	nts
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	33	492,535.	MARKET VALUI	Ε	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	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	<u> </u>	1.45	44 550			
25	Other (FUNDRAISING I)	X	145	41,772.	F'M∨		
26	Other (SPORTS EQUIPM)	X	1	35,511.			
27	Other (PRINTING)	X	1 1	5,000.			
28	Other (HVAC)	X		, , , , , ,	μм∨		
29	Number of Forms 8283 received by the organia	-	•	1 1			
	for which the organization completed Form 82	83, Part IV, L	Jonee Acknowledg	gement 29			Τ
00-	Duta di sana di di la			and a district Dental Property of House		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date					00-	Х
	exempt purposes for the entire holding period?	<i>(</i>				30a	+^
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	action that re	auiros tha raviou	of any ponetandard contribut	ions?	24	Х
31					ions?	31	+2
o∠d	Does the organization hire or use third parties contributions?		•			32a	X
h	contributions? If "Yes," describe in Part II.					JZa	121
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is choo	ked		
33	describe in Part II.	olullili (c) loi	a type of property	TIOT WITHOUT CONDITION (a) IS CHEC	ncu,		
	UESCHUE III FAIL II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
SOFTWARE LICENSE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1100.
(D) METHOD OF DETERMINING REVENUE: FMV
OTHER
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 151.
(D) METHOD OF DETERMINING REVENUE: FMV

Schedule M (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

Employer identification number 43-6061693

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO INSPIRE AND ENABLE YOUTH AGES 6 TO 18 TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS, THE BOYS AND GIRLS CLUB OF ST LOUIS PROVIDES RECREATIONAL, ATHLETIC AND EDUCATIONAL FACILITIES FOR YOUTH IN THE METROPOLITAN ST. LOUIS COMMUNITY. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, INSPIRE AND ENABLE YOUTH AGES 6 TO 18 TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS, THE BOYS AND GIRLS CLUB OF ST LOUIS PROVIDES RECREATIONAL, ATHLETIC AND EDUCATIONAL FACILITIES FOR YOUTH IN THE METROPOLITAN ST. LOUIS COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EAST MIDDLE SCHOOL CLUB 21ST CENTURY COMMUNITY LEARNING CENTERS SOUTHEAST MIDDLE SCHOOL O'FALLON PARK RECREATION COMPLEX GRANNEMANN ELEMENTARY SCHOOL CLUB FERGUSON CLUB RIVERVIEW GARDENS CLUB LEE HAMILTON ELEMENTARY SCHOOL CLUB EXPENSES \$ 1,695,799. INCLUDING GRANTS OF \$ 0. REVENUE \$ 106,310. FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. THE RETURN

632211 08-25-16

THE RETURN IS

IS REVIEWED BY THE BOARD TREASURER.

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

THEN MADE AVAILABLE TO

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization HERBERT HOOVER BOYS & GIRLS CLUB
OF ST. LOUIS, INC.

Employer identification number
43-6061693

THE ENTIRE BOARD PRIOR TO FILING.

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

THE CONFLICT OF INTEREST FORM IS SENT OUT ANNUALLY TO STAFF MEMBERS AND
BOARD MEMBERS. BOARD MEMBERS SIGN AND RETURN BY MAIL OR IN PERSON. THE
FINANCE DEPARTMENT FOLLOWS UP WITH STAFF AND BOARD MEMBERS TO ENSURE THEY
ARE ALL TURNED IN EACH YEAR.

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

THE BOARD SETS THE PRESIDENT'S SALARY. THE PRESIDENT SETS THE

VICE-PRESIDENT'S SALARY BASED ON BOYS AND GIRLS CLUB OF AMERICA GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 8

A PRIOR PERIOD ADJUSTMENT WAS MADE TO THE FINANCIAL STATEMENTS DURING

2016. FOR THE YEAR ENDED DECEMBER 31, 2015, CONTRIBUTIONS, PROMISES TO

GIVE AND TEMPORARILY RESTRICTED NET ASSETS WERE UNDERSTATED BY

\$378,560. THIS RESTATEMENT INCREASED TEMPORARILY RESTRICTED NET

ASSETS, TEMPORARILY RESTRICTED CONTRIBUTIONS AND THE CHANGE IN NET

ASSETS BY \$378,560. THIS RESTATEMENT ALSO INCREASED SHORT-TERM

PROMISES TO GIVE BY \$100,000 AND INCREASED LONG-TERM PROMISES TO GIVE

BY \$278,560. THE RESTATEMENT HAD NO EFFECT ON NET ASSETS AT JANUARY 1,

2015. THE IMPACT OF THIS PRIOR PERIOD ADJUSTMENT WAS OFFSET, IN PART,

TO REFLECT THE REMOVAL OF A RECEIVABLE FROM MENTOR ST. LOUS (A RELATED

ORGANIZATION INCLUDED IN THE CONSOLDIATED FINANCIAL STATEMENTS OF

Schedule O (Form 990 or 990-EZ) (2016)

HERBERT HOOVER BOYS & GIRLS CLUB).

Schedule O (Form 990 or 9	990-EZ) (2016)	Page 2
Name of the organization		Employer identification number 43-6061693
	·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.

Employer identification number 43-6061693

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year a	ssets Direct c	(f) ontrolling itity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34 beca	ause it had one or	more related tax-exem	npt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
ADAMS PARK COMMUNITY CENTER - 43-1888292							1
2901 N. GRAND AVE							1
ST LOUIS, MO 63107	INSPIRE YOUTH	MISSOURI	501(C)(3)	LINE 7	N/A		X
MENTOR ST. LOUIS - 43-1713228							
2901 N. GRAND AVE							i
ST LOUIS, MO 63107	MENTOR YOUTH	MISSOURI	501(C)(3)	LINE 7	N/A		Х
	-						
							1

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

Schedule R (Form 990) 2016

Page 2

tion of Related Organizations Taxable as a Parthership. ons treated as a partnership during the tax year.	. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34 because it na	d one or more related
				ion of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one treated as a partnership during the tax year.

(p)	(c)	(d)	(e)	(e) (f)) (h)		(i)	(j)	(k)				
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	I	tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
		Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign foreign foreign	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconstitution	Primary activity Legal domicile state or stat	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VIIII General				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		Λ
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	c Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
S	S Other transfer of cash or property from related organization(s)				1 s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	is line, including covered re	elationships and transaction thresholds.			
	(a) (b Name of related organization Transa type	action	(c) Amount involved	(d) Method of determining amount inv	olved		
1)							
٥١							
2)							
2)							
3)							
۸۱							
4)							
5)							
5)							
6)							
	63 09-06-16			Schedule I	R (Forn	n 990	2016
	•	4					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Genera manag partn	(k) al or Percentinging owners) ntage ship
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632165 09-06-16 Schedule R (Form 990) 2016

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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

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

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

				Enter file	er's identify	ring number	
Type o	Name of exempt organization or other filer, see instructions. HERBERT HOOVER BOYS & GIRLS CLUB OF ST. LOUIS, INC.				Employer identification number (EIN) o		
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.	Social se	curity number		
return. Se instructio	e ————————————————————————————————————	oreign add	ress, see instructions.				
Enter t	ne Return Code for the return that this application is for (fil	e a separa	e application for each return)			01	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Tele	books are in the care of \blacktriangleright 2901 NORTH GRAD phone No. \blacktriangleright 314-335-8000		Fax No.				
Tele If the lf the box	phone No. ► 314-335-8000 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Uni Group Exe and atta	Fax No. ted States, check this box mption Number (GEN) If ch a list with the names and EINs of a	this is fo	r the whole ers the exte	nsion is for.	
Tele If th If th box	phone No. 314-335-8000 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit If it is for part of the group, check this box request an automatic 6-month extension of time until or the organization named above. The extension is for the X calendar year 2016 or tax year beginning the tax year entered in line 1 is for less than 12 months, or	s in the Uni Group Exe and atta NOVEI organizatio	Fax No. ted States, check this box mption Number (GEN) . If ch a list with the names and EINs of a IST	this is fo	r the whole ers the extent organiza	nsion is for.	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)