|                                |                |                 | ** PU   | JBLIC DISCLOS                 | SURE CO            | )PY **         |                              |                |                             |
|--------------------------------|----------------|-----------------|---|-------------------------------|--------------------|----------------|------------------------------|----------------|-----------------------------|
|                                | •              | 00              | Return of Or  | ganization Ex                 | empt l             | From Ir        | ncome Tax                    | -              | OMB No. 1545-0047           |
| Forr                           | пIJ            | 90              | Under section 501(c), 527, or                                       |                               |                    |                |                              | ns)            | 2018                        |
| Depa                           | rtment (       | of the Treasury |   | cial security numbers o       |                    |                |                              | _              | Open to Public              |
|                                |                | nue Service     |   | s.gov/Form990 for inst        |                    | -              |                              |                | Inspection                  |
| ΑF                             | or the         | e 2018 calend   | ar year, or tax year beginning                                      |                               |                    | l ending       |                              |                |                             |
| Bc                             | heck if        | C Name of       | forganization   |                               |                    |                | D Employer identified        | cation         | number                      |
| а                              | pplicabl       | HERB            | ERT HOOVER BOYS   | & GIRLS CLUE                  | 3                  |                |                              |                |                             |
|                                | Addre<br>Chang | ess OF S        | T. LOUIS, INC.  |                               |                    |                |                              |                |                             |
|                                | Name<br>Chang  | e Doing b       | usiness as BOYS & G   | IRLS CLUBS OF                 | F GRTR             | $\mathtt{STL}$ | 43-6                         | 061            | 693                         |
|                                | Initial        | Number          | and street (or P.O. box if mail is                                  | not delivered to street addre | ess)               | Room/suite     | E Telephone number           | r              |                             |
|                                | Final<br>Final | /               | NORTH GRAND AVE   | ENUE                          |                    |                | 314-                         |                | -8000                       |
|                                | termir<br>ated | City or t       | own, state or province, country                                     | , and ZIP or foreign post     | tal code           |                | G Gross receipts \$          | 1              | <u>1,341,765.</u>           |
|                                | Amen<br>return | SAIN            | T LOUIS, MO 632   |                               |                    |                | H(a) Is this a group re      | eturn          |                             |
|                                | Applic dition  |                 | nd address of principal officer:                                    |                               |                    |                | for subordinates             | ?              | Yes X No                    |
|                                | pendi          | 2901            | N GRAND AVE., ST  | r. louis, mo                  | 63107              | 7              | H(b) Are all subordinates in | ncluded?       | Yes No                      |
|                                |                | empt status:    |   | ) 🗲 (insert no.)              | _ 4947(a)(1)       | or 527         | If "No," attach a            | list. (s       | ee instructions)            |
| _                              |                |                 | BGCSTL.ORG  |                               |                    |                | H(c) Group exemptio          |                |                             |
|                                |                |                 | X Corporation Trust   | Association 0t                | her 🕨              | L Year         | of formation: 1967           | <b>/</b> State | of legal domicile: MO       |
| Pa                             | rt I           | Summary         |   |                               |                    |                |                              |                |                             |
| ø                              | 1              |                 | e the organization's mission or                                     |                               |                    |                |                              |                |                             |
| Governance                     |                | FULL PO         | TENTIAL AS PRODU  | JCTIVE, RESPO                 | DNSIBLE            | E AND C        | ARING CITIZ                  | ENS            | •                           |
| sr në                          | 2              | Check this bo   | x <ul> <li>if the organization</li> </ul>                           | discontinued its operation    | ons or dispo       | sed of more    |                              | sets.          |                             |
| No.                            | 3              |                 | ting members of the governing                                       |                               |                    |                |                              |                | 34                          |
|                                | 4              | Number of ind   | lependent voting members of t                                       | he governing body (Part       | VI, line 1b)       |                |                              |                | 34                          |
| es                             |                |                 | of individuals employed in cale                                     |                               |                    |                |                              |                | 247                         |
| Activities &                   |                |                 | of volunteers (estimate if neces                                    |                               |                    |                |                              |                | 232                         |
| Act                            |                |                 | d business revenue from Part V                                      |                               |                    |                |                              |                | 0.                          |
|                                | b              | Net unrelated   | business taxable income from  | Form 990-T, line 38           |                    | <u></u>        |                              |                | 0.                          |
|                                | _              |                 |   |                               |                    |                | Prior Year                   |                | Current Year                |
| e                              | 8              |                 | -   |                               |                    |                | 10,975,636.                  |                | 9,079,309.                  |
| Revenue                        | 9              |                 |   |                               |                    |                | 463,209.                     |                | 440,728.                    |
| Re                             |                |                 | come (Part VIII, column (A), line                                   |                               |                    |                | 231,365.                     |                | <u>315,859.</u><br>-14,542. |
|                                |                |                 | e (Part VIII, column (A), lines 5, 6                                |                               |                    |                | -194,961.<br>11,475,249.     |                | 9,821,354.                  |
|                                |                |                 | - add lines 8 through 11 (must                                      | (*)                           |                    |                | 11,475,249.<br>0.            |                | $\frac{9,021,354}{0}$       |
|                                |                |                 | milar amounts paid (Part IX, col                                    | (1) (1)                       |                    |                | 0.                           |                | 0.                          |
|                                |                | -               | to or for members (Part IX, colu                                    |                               | Бара <b>Г 10</b> ) |                | 5,022,027.                   |                | 5,154,431.                  |
| Expenses                       | 15             | Salaries, other | r compensation, employee ben  | ents (Part IX, column (A),    | , lines 5-10)      |                | 97,305.                      |                | 75,490.                     |
| en:                            | 10a            | Total fundraia  | undraising fees (Part IX, column<br>ing expenses (Part IX, column ( | T(A), III e TTe)              | 773 8              | 97             | 57,505.                      |                | 75,4500                     |
| Ä                              |                |                 | es (Part IX, column (A), lines 11                                   |                               |                    |                | 2,251,739.                   |                | 2,361,852.                  |
|                                |                | -               | s. Add lines 13-17 (must equal                                      |                               |                    |                | 7,371,071.                   |                | 7,591,773.                  |
|                                |                |                 | expenses. Subtract line 18 from                                     |                               |                    |                | 4,104,178.                   |                | 2,229,581.                  |
| L Se                           |                |                 | expenses. Oubliact line 10 1101                                     |                               |                    |                | ginning of Current Year      |                | End of Year                 |
| ets c                          | 20             | Total assets (F | Part X line 16)   |                               |                    |                | 20,332,539.                  | 2              | 2,036,934.                  |
| Asse                           | 21             |                 |   |                               |                    |                | 1,547,757.                   |                | 1,647,760.                  |
| Net Assets or<br>Fund Balances | 22             |                 | fund balances. Subtract line 21                                     |                               |                    |                | 18,784,782.                  |                | 0,389,174.                  |
|                                | rt II          | Signature       |   |                               |                    |                | , ,                          |                |                             |
| Und                            | er pena        | -               | I declare that I have examined this                                 | return, including accompany   | ying schedule      | s and stateme  | nts, and to the best of my   | / knowl        | edge and belief, it is      |
|                                |                |                 | . Declaration of preparer (other that                               |                               |                    |                |                              |                | Ç.,,                        |
|                                |                |                 | · · ·   |                               |                    |                |                              |                |                             |
| Sig                            | ۱              | Signature       | e of officer  |                               |                    |                | Date                         |                |                             |

| · -  |   |  |   |  |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|--|
| DR. FLINT FOWLER, EXECU  | JTIVE DIRECTOR  |  |   |  |  |  |  |  |  |
| Type or print name and title   |   |  |   |  |  |  |  |  |  |
| Print/Type preparer's name   | Preparer's signature  | Date   | Check PTIN  |  |  |  |  |  |  |
| JAMES R. RITTS   |   |  | self-employed P00362910   |  |  |  |  |  |  |
| rer Firm's name RUBINBROWN LLP Firm's EIN 43-0765316   |   |  |   |  |  |  |  |  |  |
| Firm's address SONE NORTH BRENTWO  | DOD   |  |   |  |  |  |  |  |  |
| SAINT LOUIS, MO 63105 Phone no. (314) 290-3300   |   |  |   |  |  |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions)                      |   |  |   |  |  |  |  |  |  |
| 832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) |   |  |   |  |  |  |  |  |  |
|  | Type or print name and title Print/Type preparer's name JAMES R. RITTS Firm's name RUBINBROWN LLP Firm's address ONE NORTH BRENTWO SAINT LOUIS, MO RS discuss this return with the preparer shown above | Print/Type preparer's name       Preparer's signature         JAMES R. RITTS       Preparer's signature         Firm's name       RUBINBROWN LLP         Firm's address       ONE NORTH BRENTWOOD         SAINT LOUIS, MO 63105         RS discuss this return with the preparer shown above? (see instructions) | Type or print name and title       Preparer's signature       Date         Print/Type preparer's name       Preparer's signature       Date         JAMES R. RITTS       Preparer's signature       Date         Firm's name       RUBINBROWN LLP       Image: Compare the second se |  |  |  |  |  |  |

|        | HERBERT HOOVER BOYS & GIRLS CLUB   |
|--------|--|
|        | <u>990 (2018)</u> OF ST. LOUIS, INC. 43-6061693 Page 2   |
| Pa     | t III Statement of Program Service Accomplishments   |
|        | Check if Schedule O contains a response or note to any line in this Part III   |
| 1      | Briefly describe the organization's 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.  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|        | prior Form 990 or 990-EZ? Yes X 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?                                 |
|        | 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 \$ 2,068,748. including grants of \$) (Revenue \$ 175,047.)  |
|        | HERBERT HOOVER (FORMALLY SPORTSMANS PARK) CLUB - THIS FACILITY   |
|        | CURRENTLY SERVES OVER 3,000 YOUTH WITH AN AVERAGE OF 250 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 \$ 866,621. including grants of \$) (Revenue \$ 110,018.)  |
|        | ADAMS PARK CLUB - THIS FACILITY CURRENTLY SERVES 650 CHILDREN WITH 130   |
|        | 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 \$ 670,967. including grants of \$) (Revenue \$ 28,600.)   |
|        | MENTOR ST. LOUIS - MENTOR ST. LOUIS SERVES APPROXIMATLEY 300 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 BOYS AND  |
|        | GIRLS CLUBS' BE GREAT: GRADUATE PROGRAM. THE AFTERSCHOOL MODEL TAKES   |
|        | PLACE AT ALL CLUB LOCATIONS.   |
|        |  |
|        |  |
|        |  |
|        |  |
| 4d     | Other program services (Describe in Schedule O.)   |
|        | (Expenses \$ 2,335,368. including grants of \$ ) (Revenue \$ 127,063.)   |
| 4e     | Total program service expenses ►     5,941,704.  |
|        | Form <b>990</b> (2018)   |
| 832002 | 2 12-31-18   |
| 010    | 2<br>04 132842 00113.0000 2018.04030 HERBERT HOOVER BOYS & GIR 00113   |
| ULU    | UVA IJZUAZ UUIIJ.UUUU ZUIO.UAUJU HERBERT HUUVER BUIS & GIR UUIIJ   |

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OF ST. LOUIS, INC.

|        |   |          | Yes | No                 |
|--------|---|----------|-----|--------------------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |          |     |                    |
|        | If "Yes," complete Schedule A   | 1        | X   | <u> </u>           |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2        | Х   | <u> </u>           |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |          |     |                    |
|        | public office? If "Yes," complete Schedule C, Part I  | 3        |     | X                  |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |          |     |                    |
| _      | during the tax year? If "Yes," complete Schedule C, Part II   | 4        |     | <u> </u>           |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |          |     | v                  |
| •      | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>  | 5        |     | X                  |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |          |     | v                  |
| -      | 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,   | <b>_</b> |     | 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? <i>If "Yes," complete</i>                                     |          |     | x                  |
| 0      | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                   | 8        |     |                    |
| 9      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |          |     |                    |
|        |   | 9        |     | x                  |
| 10     | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 3        |     |                    |
| 10     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       | х   |                    |
| 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,   |          |     |                    |
| u      | Part VI   | 11a      | х   |                    |
| 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  |          |     |                    |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |     | x                  |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |          |     |                    |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      |     | x                  |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |     | Х                  |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |          |     |                    |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f      |     | X                  |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |          |     |                    |
|        | Schedule D, Parts XI and XII  | 12a      |     | X                  |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?   |          |     |                    |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b      | Х   |                    |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |     | X                  |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a      |     | X                  |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |          |     |                    |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |          |     |                    |
|        | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b      |     | X                  |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |          |     |                    |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15       |     | X                  |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |          |     |                    |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16       |     | X                  |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |          |     |                    |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17       | X   | <u> </u>           |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |          |     |                    |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       | X   |                    |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |          |     |                    |
|        | complete Schedule G, Part III   | 19       |     | X                  |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a      |     | X                  |
|        | 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   |          |     | -<br>-             |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21       | 990 | <u>X</u><br>(2018) |
| 332003 | 12-31-18  | ⊢orm     | 330 | (2018)             |

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832003 12-31-18

Form 990 (2018)

Part IV Checklist of Required Schedules

| Form       | 990 (2018) OF ST. LOUIS, INC. 43-6061   | .693    | P   | age <b>4</b>       |
|------------|---|---------|-----|--------------------|
| Par        | t IV Checklist of Required Schedules (continued)  |         |     |                    |
|            |   |         | Yes | No                 |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |         |     |                    |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22      |     | X                  |
| 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   | <u> </u>           |
| 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  |         |     | x                  |
| h          | Schedule K. If "No," go to line 25a<br>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a     |     |                    |
|            | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease   | 24b     |     | <u> </u>           |
| U          | any tax-exempt bonds?   | 24c     |     |                    |
| Ь          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d     |     |                    |
|            | 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,"  |         |     |                    |
|            | 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   |         |     |                    |
|            | 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):   | 00-     |     | v                  |
|            | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a     |     | X<br>X             |
|            | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i><br>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 28b     |     |                    |
| C          | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c     |     | x                  |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part W</i>  | 29      | x   | <u> </u>           |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |         |     |                    |
|            | contributions? If "Yes," complete Schedule M  | 30      |     | X                  |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?  |         |     |                    |
|            | If "Yes," complete Schedule N, Part I   | 31      |     | X                  |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |         |     |                    |
|            | Schedule N, Part II   | 32      |     | X X                |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |         |     |                    |
| <b>.</b> - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33      |     | <u> </u>           |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |         | x   |                    |
| 05-        | Part V, line 1  | 34      | X   | <u> </u>           |
|            | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a     |     | <u> </u>           |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>   | 35b     |     | x                  |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 550     |     | <u> </u>           |
|            | 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  |         | 1   |                    |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37      |     | x                  |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |         |     |                    |
|            | Note. All Form 990 filers are required to complete Schedule O   | 38      | Х   |                    |
| Par        | t 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> |     |                    |
|            |   | -       | Yes | No                 |
|            | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 76   | _       |     |                    |
|            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>   | 4       |     |                    |
| с          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 4-      |     |                    |
| 83300      | (gambling) winnings to prize winners?   | Form    | 990 | l<br>(2018)        |
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| Form     | 990 (2018) OF ST. LOUIS, INC. 43-6061  | 693        | P   | <sub>age</sub> 5 |
|----------|--|------------|-----|------------------|
| Pa       | TV Statements Regarding Other IRS Filings and Tax Compliance (continued)   |            |     |                  |
|          |  |            | Yes | No               |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |            |     |                  |
|          | filed for the calendar year ending with or within the year covered by this return 2a 247   |            |     |                  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Х   |                  |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |            |     |                  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | X                |
|          | 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 authority over, a  |            |     |                  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 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 Accounts (FBAR).  |            |     |                  |
|          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | X                |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | X                |
|          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |     |                  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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 contributions or gifts   |            |     |                  |
|          | were not tax deductible?   | 6b         |     |                  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |            | 37  |                  |
|          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         | X   |                  |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         | Х   |                  |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |            |     |                  |
|          | to file Form 8282?   | 7c         |     | X                |
|          | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | _          |     | 77               |
|          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | X                |
| t        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | X                |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     |                  |
| -        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |                  |
| 8        | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the  | •          |     |                  |
| •        | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |                  |
| 9        | Sponsoring organizations maintaining donor advised funds.  | 0-         |     |                  |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a<br>0h   |     |                  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |                  |
| 10       | Section 501(c)(7) organizations. Enter:  |            |     |                  |
|          | Initiation fees and capital contributions included on Part VIII, line 12 10a   |            |     |                  |
| b<br>11  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |                  |
| 11       | Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a   |            |     |                  |
| a<br>h   | Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1   |            |     |                  |
| b        |  |            |     |                  |
| 100      | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |                  |
| ıza<br>b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 120        |     |                  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |                  |
|          | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |                  |
| a        | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | 154        |     |                  |
| h        | Enter the amount of reserves the organization is required to maintain by the states in which the   |            |     |                  |
| D        | organization is licensed to issue qualified health plans   |            |     |                  |
| ~        | Enter the amount of reserves on hand   |            |     |                  |
|          |  | 14a        |     | x                |
| 14a<br>b | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>14b |     |                  |
| ы<br>15  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i><br>Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | UPPI       |     |                  |
| 15       | excess parachute payment(s) during the year?   | 15         |     | x                |
|          | If "Yes," see instructions and file Form 4720, Schedule N.   | 15         |     |                  |
| 16       | Is the experimetion on advectional institution explored to the experime 1000 evolves to an extinue tensor to a set in a set in a set of the set | 16         |     | x                |
| 10       | If "Yes," complete Form 4720, Schedule O.  | 10         |     |                  |
|          |  |            |     |                  |

Form **990** (2018)

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

OF ST. LOUIS, INC.

Form 990 (2018)

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| _     | Check if Schedule O contains a response or note to any line in this Part VI  |             |               | <u></u>   |                   |             |   |
|-------|--|-------------|---------------|-----------|-------------------|-------------|---|
| Sec   | tion A. Governing Body and Management  |             |               |           |                   |             | _ |
|       |  | I.          | 1             |           |                   | Yes         | s |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year                                  | <u>1a</u>   | _             |           | 34                |             |   |
|       | 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 0.                |             |               |           |                   |             |   |
| b     | Enter the number of voting members included in line 1a, above, who are independent                                   | -           | -             |           | 34                |             |   |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship            | ip with     | any other     |           |                   |             |   |
|       | officer, director, trustee, or key employee?   |             |               |           | . 2               | _           |   |
| 3     | Did the organization delegate control over management duties customarily performed by or under the                   | ne dire     | ct supervis   | sion      |                   |             |   |
|       | of officers, directors, or trustees, or key employees to a management company or other person?                       |             |               |           | . 3               |             |   |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form                    | 990 wa      | as filed?     |           | 4                 |             |   |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's as                | sets?       |               |           | . 5               |             |   |
| 6     | Did the organization have members or stockholders?   |             |               |           | 6                 |             |   |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or a                    |             |               |           |                   |             |   |
|       | more members of the governing body?  |             |               |           | 7a                |             |   |
| h     | Are any governance decisions of the organization reserved to (or subject to approval by) members,                    |             |               |           |                   |             |   |
| N     |  |             |               |           | 7b                |             |   |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during the y         |             |               |           |                   |             |   |
|       |  |             | -             |           |                   | x           |   |
|       | The governing body?  |             |               |           |                   |             |   |
| -     | Each committee with authority to act on behalf of the governing body?  |             |               |           | . <mark>8b</mark> |             |   |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re             |             |               |           |                   |             |   |
|       | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                              |             |               | <u></u>   | 9                 |             |   |
| ec    | tion B. Policies (This Section B requests information about policies not required by the Internal R                  | levenue     | e Code.)      |           |                   |             |   |
|       |  |             |               |           |                   | Yes         | - |
|       | Did the organization have local chapters, branches, or affiliates?   |             |               |           | . <b>10</b> a     |             | _ |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such o               |             |               |           |                   |             |   |
|       | and branches to ensure their operations are consistent with the organization's exempt purposes?                      |             |               |           | . <b>10</b> t     |             |   |
| 1a    | Has the organization provided a complete copy of this Form 990 to all members of its governing box                   | dy befo     | ore filing th | e form?   | 11a               | X           |   |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                        |             |               |           |                   |             |   |
| 2a    | Did the organization have a written conflict of interest policy? If "No," go to line 13                              |             |               |           | . 12a             | X           |   |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | se to co    | nflicts?      |           | . 12t             | X           |   |
| с     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If                   | "Yes."      | describe      |           |                   |             |   |
|       | in Schedule O how this was done  | ,           |               |           | 120               | X           |   |
| 13    | Did the organization have a written whistleblower policy?  |             |               |           |                   | X           |   |
| 14    | Did the organization have a written document retention and destruction policy?                                       |             |               |           |                   |             | - |
| 15    | Did the process for determining compensation of the following persons include a review and approv                    |             |               |           |                   |             |   |
|       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                    |             | lacpenaei     |           |                   |             |   |
| ~     |  |             |               |           | 15a               | x           |   |
|       | The organization's CEO, Executive Director, or top management official   |             |               |           |                   |             |   |
| D     | Other officers or key employees of the organization  |             |               |           | . 15b             |             |   |
|       | 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 arrange           | ement v     | with a        |           |                   |             |   |
|       | taxable entity during the year?  |             |               |           | . <b>16</b> a     | 1           |   |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate           |             |               | on        |                   |             |   |
|       | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga                 | nizatio     | on's          |           |                   |             |   |
|       | exempt status with respect to such arrangements?   |             |               | <u></u>   | . 16k             |             |   |
| ec    | tion C. Disclosure   |             |               |           |                   |             |   |
| 7     | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>                               |             |               |           |                   |             |   |
| 8     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a                  | nd 990      | D-T (Sectio   | n 501(c)( | (3)s only         | ) availa    | 2 |
|       | for public inspection. Indicate how you made these available. Check all that apply.                                  |             |               |           |                   |             |   |
|       | Own website Another's website X Upon request Other (expla  | in in So    | chedule O     | )         |                   |             |   |
| 9     | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co                    |             |               |           | nd finan          | cial        |   |
|       | 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 bo                      | ooks ar     | nd records    |           |                   |             |   |
| ~     | DR. FLINT FOWLER - 314-335-8000  | <b>c</b> ui |               |           |                   |             |   |
|       | 2901 NORTH GRAND AVE., ST. LOUIS, MO 63107   |             |               |           |                   |             |   |
| 2000  | 12-31-18   |             |               |           | For               | m <b>99</b> | ſ |
| ~2000 | 6  |             |               |           | 101               |             |   |
| 10    | 04 132842 00113.0000 2018.04030 HERBERT  | нос         | VER B         | OYS       | & GI              | r 0         | , |
|       |  |             |               |           |                   |             |   |

|      | HERBERT  | HOOVER   | BOYS | & | GIRLS | CLUB |
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| Form 990 ( |              |      |          | LOUIS,      |             |                |         | 43-6        |
|------------|--------------|------|----------|-------------|-------------|----------------|---------|-------------|
| Part VII   | Compensation | of C | Officers | , Directors | , Trustees, | Key Employees, | Highest | Compensated |
| -          | Employees an | d In | denend   | ent Contra  | actors      |                |         |             |

#### es, and independent Contractors

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

(D)

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 (Ď), (E), and (F) if no compensation was paid.

( . .

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $(\mathbf{n})$ 

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

| (A)                      | (B)                    |                                |                        |  | C)           |                                 |        | (D)                 | (E)                              | (F)                      |
|--------------------------|------------------------|--------------------------------|------------------------|--|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Name and Title           | Average                | (do not check more than one    |                        |  |              |                                 |        |                     | Reportable                       | Estimated                |
|                          | hours per              | box, unless                    |                        | ess person is both an nd a director/trustee) |              |                                 |        | compensation        | compensation                     | amount of                |
|                          | week                   |                                |                        |  |              | 1/ 11 43                        |        | from                | from related                     | other                    |
|                          | (list any<br>hours for | irecto                         |                        |  |              |                                 |        | the<br>organization | organizations<br>(W-2/1099-MISC) | compensation<br>from the |
|                          | related                | e or d                         | tee                    |  |              | sated                           |        | (W-2/1099-MISC)     | (00-2/1099-00130)                | organization             |
|                          | organizations          | ruste                          | l trus                 |  | /ee          | m pen                           |        | (00-2/1033-10100)   |                                  | and related              |
|                          | below                  | Individual trustee or director | utiona                 | -  | mplo         | st co                           | L.     |                     |                                  | organizations            |
|                          | line)                  | Indivi                         | In stitutional trustee | Officer                                      | Key employee | Highest compensated<br>employee | Former |                     |                                  | 0                        |
| (1) MARY M. BONACORSI    | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| CHAIR                    | 0.15                   | х                              |                        | x  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (2) LARRY E. PARRES      | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| VICE CHAIR               | 0.05                   | х                              |                        | x  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (3) SUZIE SPENCE         | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| VICE CHAIR               | 0.05                   | х                              |                        | х  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (4) WILLIAM K. FREEMAN   | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| SECRETARY                | 0.05                   | х                              |                        | х  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (5) KEITH LUEKING        | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| TREASURER                | 0.05                   | х                              |                        | х  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (6) DAVID APLINGTON      | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | X                              |                        |  |              |                                 |        | 0.                  | Ο.                               | 0.                       |
| (7) GREGG BERDY          | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (8) LORENZO M. BOYD      | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (9) MARK BULANDA         | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (10) JEN CALL            | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (11) MARK DARRELL        | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (12) BRIAN R. DOBBINS    | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (13) JOHN FARMER         | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             | 0.10                   | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (14) DANIEL S. FARRELL   | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (15) EVAN FOWLER         | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (16) CRYSTAL GALE, PH.D. | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (17) CLIVE GRANNUM       | 2.00                   |                                |                        |  |              |                                 |        |                     |                                  |                          |
| BOARD MEMBER             |                        | Х                              |                        |  |              |                                 |        | 0.                  | 0.                               | 0.                       |
| 832007 12-31-18          |                        |                                |                        | _  | _            |                                 |        |                     |                                  | Form <b>990</b> (2018)   |

| HERBERT | HOOVER | BOYS | & | GIRLS | CLUB |
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| Form 990 (2018) OF ST. I                                    | JOUIS, IN           | ۱C.                            |                      |                   |              |                                 |        |                           | 43-60             | 616        | 593      | Pa                                      | ge <b>8</b> |
|---|---------------------|--------------------------------|----------------------|-------------------|--------------|---------------------------------|--------|---------------------------|-------------------|------------|----------|---|-------------|
| Part VII Section A. Officers, Directors, Tru                | stees, Key Em       | ploy                           | ees,                 | and               | Hig          | ghes                            | t C    | ompensated Employee       | s (continued)     |            |          |   |             |
| (A)   | (B)                 |                                |                      | (C                |              |                                 |        | (D)                       | (E)               |            |          | (F)                                     |             |
| Name and title  | Average             |                                |                      | Posi              | tion         |                                 |        | Reportable                | Reportable        |            |          | imated                                  | 4           |
|   | hours per           |                                |                      | heck n<br>ss pers |              |                                 |        | compensation              | compensation      | n I        |          | ount o                                  |             |
|   | week                |                                |                      | id a dir          |              |                                 |        | from                      | from related      |            |          | other                                   |             |
|   | (list any           | ctor                           |                      |                   |              |                                 |        | the                       | organizations     |            |          | ensati                                  | ion         |
|   | hours for           | · dire                         |                      |                   |              | B                               |        | organization              | (W-2/1099-MIS     | C)         | fro      | m the                                   |             |
|   | related             | tee or                         | istee                |                   |              | ensat                           |        | (W-2/1099-MISC)           |                   |            | orga     | nizatio                                 | n           |
|   | organizations       | trus                           | nal tri              |                   | oyee         | a mo                            |        |                           |                   |            | and      | relate                                  | d           |
|   | below               | Individual trustee or director | nstitutional trustee | er                | ƙey employee | lest c                          | ner    |                           |                   |            | orgar    | nizatio                                 | ns          |
|   | line)               | Indi                           | Insti                | Officer           | Key          | Highest compensated<br>employee | Former |                           |                   |            |          |   |             |
| (18) PEGGY GUEST, PH.D.                                     | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | Х                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (19) LEAH REYNOLDS HARRIS                                   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | X                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (20) MIKE HAWKINS   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | x                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (21) LARALISA TASHA HOVLAND                                 | 2.00                |                                |                      |                   |              |                                 |        |                           |                   | <b>~</b> + |          |   | ••          |
| BOARD MEMBER  | 2.00                | x                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
|   | 2 00                | Δ                              |                      |                   |              |                                 |        | 0.                        |                   |            |          |   | 0.          |
| (22) SEAN JOE, PH.D.  | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   | ^           |
| BOARD MEMBER  |                     | Х                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (23) PETER LAZAROFF   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | Х                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (24) JOHN MEARA   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | Х                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (25) JOHN MORONEY   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | х                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| (26) CHONDA NWAMU   | 2.00                |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| BOARD MEMBER  |                     | x                              |                      |                   |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| 1b Sub-total  |                     | 1                              |                      | I I               |              |                                 |        | 0.                        |                   | 0.         |          |   | 0.          |
| c Total from continuation sheets to Part                    | /II Soction A       |                                |                      |                   |              |                                 |        | 420,807.                  |                   | 0.         | 32       | ,55                                     | -           |
|   |                     |                                |                      |                   |              |                                 |        | 420,807.                  |                   | 0.         | 32       | , 55                                    | 5           |
| d Total (add lines 1b and 1c)                               |                     |                                |                      |                   |              | ·····                           |        |                           |                   | -          | 52       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>J.</u>   |
| 2 Total number of individuals (including but                | not limited to th   | iose                           | liste                | d ab              | ove          | ) wn                            | o re   | eceived more than \$100,  | 000 of reportable |            |          |   | 3           |
| compensation from the organization                          |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          | Yes                                     | No          |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   | ſ          |          | res                                     | NO          |
| <b>3</b> Did the organization list any <b>former</b> office | r, director, or tru | ustee                          | e, ke                | y em              | plo          | yee,                            | or     | highest compensated er    | nployee on        |            |          |   |             |
| line 1a? If "Yes," complete Schedule J for                  |                     |                                |                      |                   |              |                                 |        |                           |                   |            | 3        | _                                       | X           |
| 4 For any individual listed on line 1a, is the              | sum of reportab     | le cc                          | mpe                  | ensat             | tion         | and                             | oth    | ner compensation from t   | he organization   |            |          |   |             |
| and related organizations greater than \$1                  | 50,000? If "Yes,    | ," со                          | mple                 | ete S             | che          | dule                            | e J f  | for such individual       |                   |            | 4        | X                                       |             |
| 5 Did any person listed on line 1a receive or               |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| rendered to the organization? If "Yes," co                  | mplete Schedul      | e J f                          | or sı                | ich p             | bers         | on .                            |        |                           |                   |            | 5        |   | Х           |
| Section B. Independent Contractors                          |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| 1 Complete this table for your five highest of              | ompensated inc      | depe                           | nder                 | nt co             | ntra         | actor                           | rs th  | hat received more than \$ | 100.000 of comp   | ensat      | ion fror | n                                       |             |
| the organization. Report compensation fo                    |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| (A)   |                     |                                |                      | . <u>g</u>        |              |                                 |        | (B)                       |                   |            | (C)      |   |             |
| Name and busines  | s address           |                                |                      |                   |              |                                 |        | Description of s          | ervices           | C          | ompen    |   |             |
| WHELAN SECURITY   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| 1750 S HANLEY ROAD, ST.                                     |                     |                                | 63                   | 11                | 1            |                                 |        | SECURITY                  |                   |            | 116      | ,76                                     | 2           |
| 1750 5 HANDEI KOAD, 51.                                     | 10015, M            | 0                              | 0.5                  | T # 4             | ±            |                                 | _      | BECONTIT                  |                   |            | 110      | , 70                                    | 5.          |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
|   |                     |                                |                      |                   |              |                                 |        |                           |                   |            |          |   |             |
| 2 Total number of independent contractors                   | (including but n    | ot lir                         | nited                | d to t            | hos          | e lis                           | ted    | above) who received mo    | ore than          |            |          |   |             |
| \$100,000 of compensation from the organ                    |                     |                                |                      |                   | 1            |                                 |        |                           |                   |            |          |   |             |
| SEE PART VII, SECTIO  |                     | IN                             | UA                   | TIC               | ЛC           | S                               | HE     | ETS                       | ŀ                 |            | Form 9   | 90 (2)                                  | 018)        |
| ,   |                     |                                | -                    |                   | -            |                                 |        |                           |                   |            |          | ·                                       | -,          |

832008 12-31-18

| Form 990 OF ST. LO                           |                |                                |                      |              |              |                                 |        | СПОР                 | 43-606                                  | 1693               |
|--|----------------|--------------------------------|----------------------|--------------|--------------|---------------------------------|--------|----------------------|---|--------------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Key Er | nplo                           | yee                  | s, a         | nd H         | lighe                           | est (  | Compensated Employe  | es (continued)                          |                    |
| (A)  | (B)            |                                |                      |              | C)           |                                 |        | (D)                  | (E)                                     | (F)                |
| Name and title                               | Average        | (-)                            |                      |              | ition        |                                 |        | Reportable           | Reportable                              | Estimated          |
|  | hours          | (CI                            | neck<br>I            | ( all 1<br>T | that         | app<br>I                        | ly)    | compensation<br>from | compensation<br>from related            | amount of<br>other |
|  | per<br>week    |                                |                      |              |              | ee -                            |        | the                  | organizations                           | compensation       |
|  |                | ctor                           |                      |              |              | voldr                           |        | organization         | (W-2/1099-MISC)                         | from the           |
|  | hours for      | r dire                         |                      |              |              | ted en                          |        | (W-2/1099-MISC)      | . , , , , , , , , , , , , , , , , , , , | organization       |
|  | related        | stee c                         | ruste                |              | æ            | pensa                           |        |                      |   | and related        |
|  | organizations  | lal tru                        | onal t               |              | plo ye       | com                             |        |                      |   | organizations      |
|  | below<br>line) | Individual trustee or director | nstitutional trustee | Officer      | Key employee | Highest com pen sated em ployee | Former |                      |   |                    |
| (27) EMILY PITTS                             | 2.00           | =                              | -                    | ò            | ž            | - <b>-</b>                      | Fe     |                      |   |                    |
| BOARD MEMBER                                 | 2.00           | x                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (28) DAVID QUELLER                           | 2.00           |                                |                      |              |              |                                 |        |                      |   |                    |
| BOARD MEMBER                                 |                | х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (29) MICHELE SOWERS                          | 2.00           |                                |                      |              |              |                                 |        |                      |   | •••                |
| BOARD MEMBER                                 |                | х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (30) MARK STALLION                           | 2.00           |                                |                      |              |              |                                 |        |                      |   |                    |
| BOARD MEMBER                                 |                | х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (31) GENE TODD                               | 2.00           |                                |                      |              |              |                                 |        |                      |   |                    |
| BOARD MEMBER                                 |                | Х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (32) DAVID TOUCHETTE                         | 2.00           |                                |                      |              |              |                                 |        |                      |   |                    |
| BOARD MEMBER                                 |                | Х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (33) A. KEITH TURNER                         | 2.00           |                                |                      |              |              |                                 |        |                      |   |                    |
| BOARD MEMBER                                 |                | Х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (34) T. WILLIAM WHITE                        | 2.00           |                                |                      |              |              |                                 |        |                      |   | -                  |
| BOARD MEMBER                                 |                | Х                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (35) NANCY WOLFE                             | 2.00           |                                |                      |              |              |                                 |        | 0                    | 0                                       | 0                  |
| BOARD MEMBER                                 |                | X                              |                      |              |              |                                 |        | 0.                   | 0.                                      | 0.                 |
| (36) DR. FLINT FOWLER<br>EXECUTIVE DIRECTOR  | 60.00          |                                |                      | x            |              |                                 |        | 189,156.             | 0.                                      | 12,935.            |
| (37) REGINA KNAPP                            | 40.00          |                                |                      |              |              |                                 |        | 109,130.             | 0.                                      | 12,955.            |
| VICE PRESIDENT OF FINANCE                    | 40.00          |                                |                      | x            |              |                                 |        | 110,871.             | 0.                                      | 8,257.             |
| (38) RUTH L. LEDERMAN                        | 40.00          |                                |                      |              |              |                                 |        | 110,071.             |   | 0,207.             |
| VICE PRESEDENT, RESOURCE DEV                 | 10.00          |                                |                      |              |              | x                               |        | 120,780.             | 0.                                      | 11,363.            |
| /  |                |                                |                      |              |              |                                 |        |                      |   | ,                  |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  | +              |                                |                      |              |              |                                 |        |                      |   |                    |
|  |                |                                |                      |              |              |                                 |        |                      |   |                    |
|  | 1              | ı                              |                      |              | ı            |                                 |        |                      |   |                    |
| Total to Part VII, Section A, line 1c        |                |                                |                      |              |              |                                 |        | 420,807.             |   | 32,555.            |

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Form 990 (2018)

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

|                           | t VII            |   | • <u> </u>  | INC.   |                      |  | 43-0001  | UJJ Faye   |
|---------------------------|------------------|---|---|--|----------------------|--|--|--|
|                           |                  |   |   | or note to any line  | a in this Dart VIII  |  |  | Г—   |
|                           |                  | Check if Schedule O cont  |   | ST HOLE LO ANY IIIN  | (A)<br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluder<br>from tax under<br>sections<br>512 - 514 |
| and Other Similar Amounts | b<br>c<br>d<br>e | Federated campaigns<br>Membership dues<br>Fundraising events<br>Related organizations<br>Government grants (contribut<br>All other contributions, gifts, gran<br>similar amounts not included abo | 1b           1c           1d           ions)         1e           ts, and | 543,138.<br>36,813.<br>696,541.<br>30,537.<br>800,935.<br>971,345. |                      |  |  |  |
| ō                         | α                | Noncash contributions included in lines   | 1a-1f: \$   | 395,377.   |                      |  |  |  |
| anc                       | h                | Total. Add lines 1a-1f  |   |  | 9,079,309.           |  |  |  |
| / 10                      |                  |   |   | Business Code  | , ,                  |  |  |  |
| Revenue                   |                  | PROGRAM REVENUE   |   | 900099   | 440,728.             | 440,728.   |  |  |
| ne                        | b                |   |   |  |                      |  |  |  |
| /eu                       | с                |   |   |  |                      |  |  |  |
| Be                        | d                |   |   |  |                      |  |  |  |
| <u> </u>                  | е                |   |   |  |                      |  |  |  |
| •                         | f                | All other program service reve  |   |  | 440 700              |  |  |  |
| _                         | g                | Total. Add lines 2a-2f  |   |  | 440,728.             |  |  |  |
|                           | 3                | Investment income (including  |   |  |                      |  |  |  |
|                           |                  | other similar amounts)  |   |  | 256,747.             |  |  | 256,747  |
|                           | 4                | Income from investment of tax   |   | · · · ·  |                      |  |  |  |
|                           | 5                | Royalties   |   | ····· •  |                      |  |  |  |
|                           |                  |   | (i) Real  | (ii) Personal  |                      |  |  |  |
|                           | 6 a              | Gross rents   |   |  |                      |  |  |  |
|                           | b                | Less: rental expenses   | 0.  |  |                      |  |  |  |
|                           | с                | Rental income or (loss)   | 11,580.   |  |                      |  |  |  |
|                           | d                | Net rental income or (loss)   |   | 🕨  | 11,580.              |  |  | 11,580   |
|                           | 7 a              | Gross amount from sales of  | (i) Securities  | (ii) Other   |                      |  |  |  |
|                           |                  | assets other than inventory   | 1219850.  |  |                      |  |  |  |
|                           | b                | Less: cost or other basis   |   |  |                      |  |  |  |
|                           |                  | and sales expenses  | 1160738.  |  |                      |  |  |  |
|                           | с                | Gain or (loss)  | 59,112.   |  |                      |  |  |  |
|                           |                  | Net gain or (loss)  |   | ►  | 59,112.              |  |  | 59,112   |
| Ine                       |                  | Gross income from fundraising including \$ 696,5  | g events (not   |  |                      |  |  |  |
| ver                       |                  | contributions reported on line  |   |  |                      |  |  |  |
| Re                        |                  | Part IV, line 18  | -   | 254,814.   |                      |  |  |  |
| Other Revenue             | h                | Less: direct expenses   |   | 359,673.   |                      |  |  |  |
| ŏ                         |                  | Net income or (loss) from func  |   | <b>&gt;</b>  | -104,859.            |  |  | -104,859   |
|                           |                  | Gross income from gaming ac   | •   |  | 101/0351             |  |  | 101/000  |
|                           | 9 a              |   |   |  |                      |  |  |  |
|                           |                  | Part IV, line 19  |   |  |                      |  |  |  |
|                           |                  | Less: direct expenses   |   |  |                      |  |  |  |
|                           |                  | Net income or (loss) from gam   | -   |  |                      |  |  |  |
|                           | 10 a             | Gross sales of inventory, less  |   |  |                      |  |  |  |
|                           |                  | and allowances  |   |  |                      |  |  |  |
|                           |                  | Less: cost of goods sold  |   |  |                      |  |  |  |
| -                         | С                | Net income or (loss) from sale  |   |  |                      |  |  |  |
| ┝                         |                  | Miscellaneous Revenu  |   | Business Code  |                      |  |  | 0.545  |
|                           | 11 a             |   | •   | 900099   | 72,547.              |  |  | 72,547   |
|                           | b                | MISCELLANEOUS   |   | 900099   | 6,190.               |  |  | 6,190  |
|                           | с                |   |   |  |                      |  |  |  |
|                           | d                | All other revenue   |   |  |                      |  |  |  |
|                           | е                | Total. Add lines 11a-11d  |   | ►  | 78,737.              |  |  |  |
|                           | 12               | Total revenue. See instructions   |   |  | 9,821,354.           | 440,728.   | 0.   | 301,317  |
| -                         | 12-31-           |   |   | ·  |                      |  |  | Form <b>990</b> (20  |

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4,050,165.

433,656.

349,391.

106,071.

75,490.

66,932.

58,339.

412,316.

401,235.

42,410.

45,368.

46,690.

441,327.

3,320,340.

352,258.

278,726.

4,355.

277,391.

391,062.

29,447.

3,569.

42,021.

401,028.

151,124.

528,624.

5,941,704.

1,150.

**(D)** Fundraising expenses

50,523.

459,261.

49,730.

40,684.

75,490.

24,959.

36,836.

868.

2,302.

29,020.

4,224.

270,564.

31,668.

29,981.

106,071.

66,932.

29,025.

98,089.

9,305.

10,661.

12,779.

40,299

22,090.

33,902.

876,172.

50.

4,669.

| Form 990 (2018) OF ST. LOU   |                              |   | 43-6   |
|--|------------------------------|---|--|
| Part IX Statement of Functional Expen  | nses                         |   |  |
| Section 501(c)(3) and 501(c)(4) organizations must co  | mplete all columns. All oth  | er organizations must cor                 | mplete column (A).                               |
| Check if Schedule O contains a resp  | oonse or note to any line in | this Part IX                              |  |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses |
| 1 Grants and other assistance to domestic organizatio and domestic governments. See Part IV, line 21                                     | ns                           |   |  |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                              |   |  |
| 3 Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16 | ·                            |   |  |
| 4 Benefits paid to or for members  |                              |   |  |
| 5 Compensation of current officers, directors, trustees, and key employees   | 321,219.                     | 160,609.                                  | 110,087.   |

|   | trustees, and key employees                       |
|---|---|
| 6 | Compensation not included above, to disqualified  |
|   | persons (as defined under section 4958(f)(1)) and |
|   | persons described in section 4958(c)(3)(B)        |
| 7 | Other salaries and wages                          |

| • | e the balance and magee                           |
|---|---|
| 8 | Pension plan accruals and contributions (include  |
|   | section 401(k) and 403(b) employer contributions) |

|    | section 401(k) and 403(b) employer contributions |
|----|--|
| 9  | Other employee benefits                          |
| 10 | Payroll taxes                                    |

# Fees for services (non-employees): a Management b Legal

| с  | Accounting  |
|----|---|
| d  | Lobbying  |
| е  | Professional fundraising services. See Part IV, line 17 |
| f  | Investment management fees                              |
| g  | Other. (If line 11g amount exceeds 10% of line 25,      |
|    | column (A) amount, list line 11g expenses on Sch 0.)    |
| 12 | Advertising and promotion                               |
| 13 | Office expenses   |
| 14 | Information technology                                  |
| 15 | Royalties   |
| 16 | Occupancy   |
| 17 | Travel  |
| 18 | Payments of travel or entertainment expenses            |

for any federal, state, or local public officials .... 19 Conferences, conventions, and meetings ..... 20 Interest ..... 21 Payments to affiliates ..... 22 Depreciation, depletion, and amortization .....

#### 151,174. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 554,938. CONTRACTED SERVS & SPLY а MEMBERSHIP 35,052. b С d All other expenses е 7,591,773. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)
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Form 990 (2018)

773,897.

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2018.04030 HERBERT HOOVER BOYS & GIR 00113.01

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## 832011 12-31-18

| 20501004 | 132842 | 00113.0000 |
|----------|--------|------------|

## HERBERT HOOVER BOYS & GIRLS CLUB

OF ST. LOUIS, INC. Part X Balance Sheet

Form 990 (2018)

| Fa                          | πλ  | balance Sheet   |             |                        |                                   |     | -                         |
|-----------------------------|-----|---|-------------|------------------------|-----------------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or not                | e to any li | ne in this Part X      |                                   |     |                           |
|                             |     |   |             |                        | <b>(A)</b><br>Beginning of year   |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                                   |             |                        | 1,616.                            | 1   | 1,291.                    |
|                             | 2   | Savings and temporary cash investments                        |             |                        | 2,605,751.                        | 2   | 2,375,173.                |
|                             | 3   | Pledges and grants receivable, net                            |             |                        | 4,252,091.                        | 3   | 3,823,823.                |
|                             | 4   | Accounts receivable, net                                      |             |                        |                                   | 4   |                           |
|                             | 5   | Loans and other receivables from current and fo               |             |                        |                                   |     |                           |
|                             |     | trustees, key employees, and highest compensa                 |             |                        |                                   |     |                           |
|                             |     | Part II of Schedule L   | -           |                        |                                   | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualit              |             |                        |                                   |     |                           |
|                             |     | section 4958(f)(1)), persons described in section             | 4958(c)(3   | )(B), and contributing |                                   |     |                           |
|                             |     | employers and sponsoring organizations of sect                | ion 501(c)  | (9) voluntary          |                                   |     |                           |
| ŝ                           |     | employees' beneficiary organizations (see instr).             |             |                        |                                   | 6   |                           |
| Assets                      | 7   | Notes and loans receivable, net                               |             | F                      |                                   | 7   |                           |
| As                          | 8   | Inventories for sale or use                                   |             |                        |                                   | 8   |                           |
|                             | 9   | <b>–</b>  |             |                        | 55,544.                           | 9   | 49,127.                   |
|                             | 10a | Land, buildings, and equipment: cost or other                 |             |                        |                                   |     |                           |
|                             |     | basis. Complete Part VI of Schedule D                         | 10a         | 15,482,796.            |                                   |     |                           |
|                             | b   | Less: accumulated depreciation                                | 10b         | 7,467,154.             | 7,036,759.                        | 10c | 8,015,642.                |
|                             | 11  | Investments - publicly traded securities                      |             |                        | 6,380,778.                        | 11  | 7,771,878.                |
|                             | 12  | Investments - other securities. See Part IV, line 1           |             |                        |                                   | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line <sup>-</sup> |             |                        |                                   | 13  |                           |
|                             | 14  | Intangible assets   |             |                        |                                   | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11                            |             |                        |                                   | 15  |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa               |             |                        | 20,332,539.                       | 16  | 22,036,934.               |
|                             | 17  | Accounts payable and accrued expenses                         |             |                        | 365,360.                          | 17  | 594,339.                  |
|                             | 18  | Grants payable  |             |                        |                                   | 18  |                           |
|                             | 19  | Deferred revenue  |             |                        |                                   | 19  |                           |
|                             | 20  | Tax-exempt bond liabilities                                   |             |                        |                                   | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete I             | Part IV of  | Schedule D             |                                   | 21  |                           |
| ŝ                           | 22  | Loans and other payables to current and former                | officers, o | directors, trustees,   |                                   |     |                           |
| Liabilities                 |     | key employees, highest compensated employee                   |             |                        |                                   |     |                           |
| iabi                        |     | Complete Part II of Schedule L                                |             |                        |                                   | 22  |                           |
|                             | 23  | Secured mortgages and notes payable to unrela                 |             |                        | 1,182,397.                        | 23  | 1,053,421.                |
|                             | 24  | Unsecured notes and loans payable to unrelated                | d third par | ties                   |                                   | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, pa           |             |                        |                                   |     |                           |
|                             |     | parties, and other liabilities not included on lines          | s 17-24). C | omplete Part X of      |                                   |     |                           |
|                             |     | Schedule D  |             |                        |                                   | 25  |                           |
|                             | 26  |   |             |                        | 1,547,757.                        | 26  | 1,647,760.                |
|                             |     | Organizations that follow SFAS 117 (ASC 958                   |             | here 🕨 🚺 and           |                                   |     |                           |
| es                          |     | complete lines 27 through 29, and lines 33 an                 |             |                        | 7 252 155                         |     | 7 222 060                 |
| anc                         | 27  | Unrestricted net assets                                       |             |                        | 7,353,155.                        | 27  | 7,333,060.                |
| Bal                         | 28  | Temporarily restricted net assets                             | 6,971,382.  | 28                     | 7,797,964.<br>5,258,150.          |     |                           |
| pd                          | 29  | Permanently restricted net assets                             | 4,460,245.  | 29                     | 5,250,150.                        |     |                           |
| Ρu                          |     | Organizations that do not follow SFAS 117 (A                  | SC 958), (  | check here ▶           |                                   |     |                           |
| ; or                        |     | and complete lines 30 through 34.                             |             |                        |                                   |     |                           |
| sets                        | 30  | Capital stock or trust principal, or current funds            |             |                        |                                   | 30  |                           |
| As                          | 31  | Paid-in or capital surplus, or land, building, or ec          |             |                        |                                   | 31  |                           |
| Net Assets or Fund Balances | 32  | Retained earnings, endowment, accumulated in                  |             |                        | 10 701 700                        | 32  | 20 200 174                |
| ~                           | 33  | Total net assets or fund balances                             |             |                        | <u>18,784,782.</u><br>20,332,539. | 33  | 20,389,174.               |
|                             | 34  | Total liabilities and net assets/fund balances                |             |                        | 40,334,339.                       | 34  | <u>22,036,934.</u>        |

Form 990 (2018)

| -  | HERBERT HOOVER BOYS & GIRLS CLUB<br>OF ST. LOUIS, INC.  | 13-     | 60616   | .03         | Π.  | . 12  |
|----|---|---------|---------|-------------|-----|-------|
|    | rt XI Reconciliation of Net Assets  | 43-     | 00010   | 535         | Ра  | ge IZ |
|    |   |         |         |             |     |       |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         | <u></u> |             |     |       |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 9,      | ,823        | 1,3 | 54.   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 7,      | , 593       | 1,7 | 73.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       | 2,      | , 22        | 9,5 | 81.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4       |         |             |     | 82.   |
| 5  | Net unrealized gains (losses) on investments  | 5       | -       | -62!        | 5,1 | 89.   |
| 6  | Donated services and use of facilities  | 6       |         |             |     |       |
| 7  | Investment expenses   | 7       |         |             |     |       |
| 8  | Prior period adjustments  | 8       |         |             |     |       |
| 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      | 20,     | , <u>38</u> | 9,1 | 74.   |
| Pa | rt XII Financial Statements and Reporting   |         |         |             |     |       |
|    | Check if Schedule O contains a response or note to any line in this Part XII  | <u></u> | <u></u> |             |     |       |
|    |   |         | -       |             | 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?                       |         | L       | 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?                                    |         | L       | 2b          | X   |       |
|    | 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    |         |         |             |     |       |
|    | 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    |         |         |             |     |       |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Aud | it      |             |     |       |
|    | Act and OMB Circular A-133?   |         | L       | 3a          |     | X     |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t       |             |     |       |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              | <u></u> |         | 3b          |     |       |

**3b** Form **990** (2018)

832012 12-31-18

| SCHEDULE A   |                    | Dublic Cho                                   | rity Status or   |                  | lia Gr                     | unnort                        |              | OMB No. 1545-0047                                  |  |
|--|--------------------|--|--|------------------|----------------------------|-------------------------------|--------------|--|--|
| (Form 990 or 990-EZ)                                   |                    |  | rity Status ar   |                  |                            |                               |              | 2018   |  |
|  |                    |  | nization is a section 50<br>47(a)(1) nonexempt cha                 | or a section     |                            |                               |              |  |  |
| Department of the Treasury<br>Internal Revenue Service |                    |  | Attach to Form 990 or  |                  | Open to Publ<br>Inspection |                               |              |  |  |
|  |                    |  | /Form990 for instructi   |                  |                            | nformation.                   |              |  |  |
| Name of the organization                               |                    | ST. LOUIS,                                   | BOYS & GIRL  | S CLUE           | 5                          |                               |              | identification number 3-6061693                    |  |
| Part I Reaso   |                    |  | All organizations must c   | omolete thi      | s part ) Se                | e instructions                |              | 3-0001093  |  |
|  |                    |  | For lines 1 through 12, o  |                  |                            |                               |              |  |  |
| <u> </u>   | -                  |  | on of churches describe  | -                |                            | 1)(A)(i).                     |              |  |  |
|  |                    |  | Attach Schedule E (For   |                  |                            | · · · · · · · · ·             |              |  |  |
| 3 A hospital   | or a cooperative   | hospital service orga                        | anization described in s   | ection 170       | (b)(1)(A)(ii               | ii).                          |              |  |  |
| 4 A medical  | esearch organiz    | zation operated in co                        | njunction with a hospita   | described        | in sectio                  | n 170(b)(1)(A                 | (iii). Enter | the hospital's name,                               |  |
| city, and st   | -                  |  |  |                  |                            |                               |              |  |  |
|  | -                  |  | llege or university owne   | d or operate     | ed by a go                 | overnmental u                 | nit describe | ed in  |  |
|  |                    | Complete Part II.)                           |  |                  |                            |                               |              |  |  |
|  |                    | -  | nental unit described in   |                  |                            |                               |              | and the selection of the self for                  |  |
| -  |                    | ally receives a substa<br>Complete Part II.) | ntial part of its support f  | rom a gove       | ernmental                  | unit or from tr               | ie general p | Dudiic described in                                |  |
|  |                    |  | (1)(A)(vi). (Complete Pa   | + II )           |                            |                               |              |  |  |
|  | -                  |  | in section 170(b)(1)(A)  | -                | ed in coniu                | inction with a                | land-orant   | college  |  |
|  |                    | •  | ulture (see instructions)  |                  |                            |                               | °,           | •  |  |
| university:  |                    |  |  |                  |                            |                               |              |  |  |
| 10 🗌 An organiz  | ation that norma   | ally receives: (1) more                      | than 33 1/3% of its sup  | port from c      | ontributio                 | ns, membersł                  | nip fees, an | d gross receipts from                              |  |
| activities re  | lated to its exer  | npt functions - subjec                       | ct to certain exceptions,  | and (2) no       | more thar                  | n 33 1/3% of it               | s support f  | rom gross investment                               |  |
|  |                    |  | (less section 511 tax) fr  | om busines       | ses acqui                  | red by the org                | anization a  | fter June 30, 1975.                                |  |
|  | n 509(a)(2). (Co   |  |  |                  |                            |                               |              |  |  |
|  | •                  | -  | ively to test for public sa  | •                |                            |                               | way out the  | numpered of one or                                 |  |
| -  | •                  | -  | ively for the benefit of, to<br>d in section 509(a)(1)             |                  |                            |                               | •            |  |  |
| -  | • • • •            | -  | f supporting organizatio   |                  |                            |                               |              |  |  |
|  | -                  |  | upervised, or controlled   |                  |                            |                               | -            | giving   |  |
|  |                    | -  | gularly appoint or elect a   | • • • •          | -                          |                               |              |  |  |
| organiza   | tion. You must     | complete Part IV, Se                         | ections A and B.   |                  |                            |                               |              |  |  |
| b 🗌 Type II. /   | ۶ supporting org   | janization supervised                        | l or controlled in connec  | tion with its    | s supporte                 | ed organization               | n(s), by hav | ing  |  |
| control c  | r management o     | of the supporting orga                       | anization vested in the s  | ame persor       | ns that co                 | ntrol or manag                | ge the supp  | oorted   |  |
|  |                    | st complete Part IV,                         |  |                  |                            |                               |              |  |  |
|  | -                  | •  | g organization operated  |                  |                            |                               | ly integrate | d with,  |  |
|  | •                  | . , .  | <ol> <li>You must complete<br/>porting organization ope</li> </ol> |                  |                            |                               | tod organia  | ration(s)  |  |
|  |                    |  | ation generally must sa  |                  |                            |                               |              |  |  |
|  |                    | с с  | nplete Part IV, Section  | 2                |                            | •                             | anatonin     |  |  |
|  | -                  |  | written determination fro  |                  |                            |                               | I, Type III  |  |  |
| functiona  | ally integrated, o | r Type III non-functio                       | nally integrated support   | ng organiza      | ation.                     |                               |              |  |  |
| f Enter the number                                     | er of supported of | organizations                                |  |                  |                            |                               |              |  |  |
| g Provide the follo<br>(i) Name of su                  |                    | n about the supporte<br>(ii) EIN             | d organization(s). (iii) Type of organization                      | (iv) Is the orga | nization listed            | (w) Amount of                 | monoton      | (vi) Amount of other                               |  |
| (i) Name or su<br>organizat                            |                    |  | (described on lines 1-10   | in your governin | ng document?               | (v) Amount of support (see ir | -            | (vi) Amount of other<br>support (see instructions) |  |
|  |                    |  | above (see instructions))  | Yes              | No                         |                               | ,            |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
|  |                    | <b>_</b>                                     |  |                  |                            |                               |              |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
|  |                    | +  |  |                  |                            |                               |              |  |  |
|  |                    |  |  |                  |                            |                               |              |  |  |
| Total  |                    |  |  |                  |                            |                               |              | <u> </u>   |  |
|  | Reduction Act N    | Notice, see the Instr                        | uctions for Form 990 o   | r 990-EZ.        | 832021 10-                 | 11-18 Scher                   | dule A (For  | m 990 or 990-EZ) 2018                              |  |
|  |                    |  | 14   |                  | 202021 10-                 | Julie Solid                   |              |  |  |

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<sup>14</sup> 2018.04030 HERBERT HOOVER BOYS & GIR 00113.01

#### Schedule A (Form 990 or 990-EZ) 2018 OF ST. LOUIS, INC.

43-6061693 Page 2

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.)

| Se   | ction A. Public Support  |                      |                     |                        |                      |                    |                   |
|------|--|----------------------|---------------------|------------------------|----------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | <b>(b)</b> 2015     | (c) 2016               | (d) 2017             | (e) 2018           | (f) Total         |
| 1    | Gifts, grants, contributions, and  |                      |                     |                        |                      |                    |                   |
|      | membership fees received. (Do not  |                      |                     |                        |                      |                    |                   |
|      | include any "unusual grants.")   | 3232807.             | 7170510.            | 6464210.               | 10975637.            | 9079309.           | 36922473.         |
| 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 $\dots$  |                      |                     |                        |                      |                    |                   |
| 4    | Total. Add lines 1 through 3   | 3232807.             | 7170510.            | 6464210.               | 10975637.            | 9079309.           | 36922473.         |
| 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)   |                      |                     |                        |                      |                    | 7190418.          |
|      | Public support. Subtract line 5 from line 4.   |                      |                     |                        |                      |                    | 29732055.         |
| Se   | ction B. Total Support   |                      |                     |                        | 1                    |                    |                   |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | <b>(b)</b> 2015     | <b>(c)</b> 2016        | (d) 2017             | (e) 2018           | (f) Total         |
| 7    | Amounts from line 4  | 3232807.             | 7170510.            | 6464210.               | 10975637.            | 9079309.           | 36922473.         |
| 8    | Gross income from interest,  |                      |                     |                        |                      |                    |                   |
|      | dividends, payments received on  |                      |                     |                        |                      |                    |                   |
|      | securities loans, rents, royalties,  |                      |                     |                        |                      |                    |                   |
|      | and income from similar sources $\dots$  | 124,778.             | 86,411.             | 77,505.                | 112,770.             | 268,327.           | 669,791.          |
| 9    | Net income from unrelated business   |                      |                     |                        |                      |                    |                   |
|      | activities, whether or not the   |                      |                     |                        |                      |                    |                   |
|      | business is regularly carried on   |                      |                     |                        |                      |                    |                   |
| 10   | Other income. Do not include gain  |                      |                     |                        |                      |                    |                   |
|      | or loss from the sale of capital   |                      |                     |                        |                      |                    |                   |
|      | assets (Explain in Part VI.)   | 19,078.              | 20,692.             | 8,664.                 | 9,612.               |                    | 136,783.          |
| 11   | Total support. Add lines 7 through 10  |                      |                     |                        |                      |                    | 37729047.         |
| 12   | Gross receipts from related activities,  | etc. (see instructio | ons)                |                        |                      | 12 1               | ,688,539.         |
| 13   | First five years. If the Form 990 is for   | r the organization's | first, second, thir | d, fourth, or fifth ta | ix year as a sectior | n 501(c)(3)        |                   |
| 60   | organization, check this box and stor  | o here               |                     |                        |                      |                    |                   |
|      | ction C. Computation of Publi  |                      |                     | . (2)                  |                      |                    | 70 00             |
|      | Public support percentage for 2018 (I  |                      | •                   |                        |                      | 14                 | 78.80 %           |
|      | Public support percentage from 2017  |                      |                     |                        |                      | 15                 | 77.79 %           |
| 16a  | 33 1/3% support test - 2018. If the c  |                      |                     |                        | 14 is 33 1/3% or m   | ore, check this bo |                   |
|      | stop here. The organization qualifies as a publicly supported organization   |                      |                     |                        |                      |                    |                   |
| b    | b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |                      |                     |                        |                      |                    |                   |
|      | and <b>stop here.</b> The organization qual  |                      |                     |                        |                      |                    |                   |
| 17a  | 10% -facts-and-circumstances test  |                      |                     |                        |                      |                    |                   |
|      | and if the organization meets the "fac   |                      |                     | -                      | -                    | -                  |                   |
| -    | meets the "facts-and-circumstances"  | •                    |                     | ,                      | •                    |                    |                   |
| b    | 10% -facts-and-circumstances test  | 0                    |                     |                        |                      | -                  |                   |
|      | more, and if the organization meets th   |                      |                     |                        |                      |                    | e                 |
|      | organization meets the "facts-and-circ   |                      |                     | •                      | , <b>e</b>           |                    |                   |
| 18   | Private foundation. If the organizatio   | on did not check a   | box on line 13, 16a | a, 16b, 17a, or 17b    |                      |                    |                   |
|      |  |                      |                     |                        | Sche                 | eaule A (Form 990  | ) or 990-EZ) 2018 |

Part II

Schedule A (Form 990 or 990 EZ) 2018 OF ST. LOUIS, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec   | ction A. Public Support  | -                              | -                     |                        |                     |                      |                   |
|-------|--|--------------------------------|-----------------------|------------------------|---------------------|----------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2014                       | (b) 2015              | (c) 2016               | (d) 2017            | (e) 2018             | (f) Total         |
| 1     | Gifts, grants, contributions, and  |                                |                       |                        |                     |                      |                   |
|       | membership fees received. (Do not  |                                |                       |                        |                     |                      |                   |
|       | include any "unusual grants.")   |                                |                       |                        |                     |                      |                   |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                                |                       |                        |                     |                      |                   |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-   |                                |                       |                        |                     |                      |                   |
|       | iness under section 513  |                                |                       |                        |                     |                      |                   |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                                |                       |                        |                     |                      |                   |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                                |                       |                        |                     |                      |                   |
| ~     | the organization without charge  |                                |                       |                        |                     | -                    |                   |
|       | Total. Add lines 1 through 5   |                                |                       |                        |                     |                      |                   |
| 7 a   | Amounts included on lines 1, 2, and 3 received from disgualified persons   |                                |                       |                        |                     |                      |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                                |                       |                        |                     |                      |                   |
| С     | Add lines 7a and 7b  |                                |                       |                        |                     |                      |                   |
|       | Public support. (Subtract line 7c from line 6.)  |                                |                       |                        |                     |                      |                   |
| Sec   | tion B. Total Support  |                                | -                     | -                      | -                   | -                    | -                 |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2014                       | <b>(b)</b> 2015       | (c) 2016               | (d) 2017            | (e) 2018             | (f) Total         |
|       | Amounts from line 6  |                                |                       |                        |                     |                      |                   |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                                |                       |                        |                     |                      |                   |
| b     | Unrelated business taxable income  |                                |                       |                        |                     |                      |                   |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                                |                       |                        |                     |                      |                   |
|       | Add lines 10a and 10b  |                                |                       |                        |                     |                      |                   |
| 11    | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                                |                       |                        |                     |                      |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>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   | <sup>r</sup> the organization' | 's first, second, thi | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) organiz | zation,           |
|       | check this box and stop here   |                                |                       |                        |                     |                      |                   |
| Sec   | tion C. Computation of Publi   | c Support Pe                   | rcentage              |                        |                     |                      |                   |
| 15    | Public support percentage for 2018 (I  | ine 8, column (f), c           | divided by line 13,   | column (f))            |                     | 15                   | %                 |
|       | Public support percentage from 2017  |                                |                       |                        |                     | 16                   | %                 |
|       | ction D. Computation of Inves  |                                |                       |                        |                     | <del>, ,</del>       |                   |
|       | Investment income percentage for 20  |                                |                       | ine 13, column (f))    |                     | 17                   | %                 |
|       | Investment income percentage from  |                                |                       |                        |                     | 18                   | %                 |
| 19a   | 33 1/3% support tests - 2018. If the   | -                              |                       |                        |                     |                      | 17 is not         |
|       | more than 33 1/3%, check this box ar   |                                |                       |                        |                     |                      |                   |
| b     | <b>33 1/3% support tests - 2017.</b> If the  |                                |                       |                        |                     |                      |                   |
|       | line 18 is not more than 33 1/3%, che  |                                |                       |                        |                     |                      |                   |
|       | Private foundation. If the organizatio   | n did not check a              | 1 box on line 14, 19  | a, or 19b, check t     |                     |                      |                   |
| 83202 | 3 10-11-18   |                                |                       | -                      | Sch                 | nedule A (Form 99    | 0 or 990-EZ) 2018 |

<sup>16</sup> 

## Schedule A (Form 990 or 990 EZ) 2018 OF ST. LOUIS, INC.

Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

Yes No

| Sche   | dule A (Form 990 or 990-EZ) 2018 OF ST. LOUIS, INC.  | 43-606169              | 3 Pa  | age <b>5</b> |
|--------|--|------------------------|-------|--------------|
| Par    | t IV Supporting Organizations (continued)  |                        |       |              |
|        |  |                        | Yes   | No           |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |                        |       |              |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |                        |       |              |
| _      | below, the governing body of a supported organization?   | 11a                    |       |              |
|        | A family member of a person described in (a) above?  | 11b                    |       |              |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.<br>tion B. Type I Supporting Organizations   | 11c                    |       |              |
| Sec    | uon B. Type i Supporting Organizations   |                        | N     | N            |
|        |  |                        | Yes   | No           |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |                        |       |              |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |                        |       |              |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |                        |       |              |
|        | controlled the organization's activities. If the organization had more than one supported organization,  |                        |       |              |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1                      |       |              |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |                        |       |              |
| -      | 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,  |                        |       |              |
|        | supervised, or controlled the supporting organization.   | 2                      |       |              |
| Sec    | tion C. Type II Supporting Organizations   | <b>i</b>               | I     |              |
|        |  |                        | 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   |                        |       |              |
|        | the supported organization(s).   | 1                      |       |              |
| Sec    | tion D. All Type III Supporting Organizations  |                        |       |              |
|        |  |                        | Yes   | No           |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |                        |       |              |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax $\left(\frac{1}{2}\right)$   |                        |       |              |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |                        |       |              |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1                      |       |              |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                        |       |              |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                        |       |              |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                      |       |              |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a  |                        |       |              |
|        | significant voice in the organization's investment policies and in directing the use of the organization's   |                        |       |              |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |                        |       |              |
| Sec    | supported organizations played in this regard.<br>tion E. Type III Functionally Integrated Supporting Organizations  | 3                      |       |              |
|        |  |                        |       |              |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins   | structions).           |       |              |
| a<br>b | The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>   |                        |       |              |
| c      | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.  | ity (coo instructions) |       |              |
| 2      | Activities Test. Answer (a) and (b) below.   | ty (see instructions)  | Yes   | No           |
| a      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |                        | 100   | 110          |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |                        |       |              |
|        | 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                     |       |              |
| 832025 | 10-11-18 Schedule  | A (Form 990 or 99      | 0-EZ) | 2018         |

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#### Schedule A (Form 990 or 990 EZ) 2018 OF ST. LOUIS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 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 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

| Sche<br>Par | dule A (Form 990 or 990 EZ) 2018 OF ST. LOUIS,<br>t V │ Type III Non-Functionally Integrated 509( |                               |  | 3-6061693 Page 7                          |
|-------------|---|-------------------------------|--|---|
|             | on D - Distributions  |                               | (continued)                            | Current Year                              |
| 1           | Amounts paid to supported organizations to accomplish exer  | mot purposes                  |  | Current rour                              |
| 2           | Amounts paid to perform activity that directly furthers exemp                                     |                               |  |   |
| _           | organizations, in excess of income from activity  |                               |  |   |
| 3           | Administrative expenses paid to accomplish exempt purpose   | s of supported organizations  | 5                                      |   |
| 4           | Amounts paid to acquire exempt-use assets   |                               |  |   |
| 5           | Qualified set-aside amounts (prior IRS approval required)   |                               |  |   |
| 6           | Other distributions (describe in <b>Part VI</b> ). See instructions.                              |                               |  |   |
| 7           | Total annual distributions. Add lines 1 through 6.  |                               |  |   |
| 8           | Distributions to attentive supported organizations to which the                                   | ne organization is responsive |  |   |
|             | (provide details in <b>Part VI</b> ). See instructions.   | 5                             |  |   |
| 9           | Distributable amount for 2018 from Section C, line 6  |                               |  |   |
| 10          | Line 8 amount divided by line 9 amount  |                               |  |   |
| Secti       | on E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1           | Distributable amount for 2018 from Section C, line 6  |                               |  |   |
| 2           | Underdistributions, if any, for years prior to 2018 (reason-                                      |                               |  |   |
|             | able cause required- explain in Part VI). See instructions.                                       |                               |  |   |
| 3           | Excess distributions carryover, if any, to 2018   |                               |  |   |
| а           | From 2013   |                               |  |   |
| b           | From 2014   |                               |  |   |
| с           | From 2015   |                               |  |   |
| d           | From 2016   |                               |  |   |
| е           | From 2017   |                               |  |   |
| f           | Total of lines 3a through e   |                               |  |   |
| g           | Applied to underdistributions of prior years  |                               |  |   |
| h           | Applied to 2018 distributable amount  |                               |  |   |
| i           | Carryover from 2013 not applied (see instructions)  |                               |  |   |
| j           | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                               |  |   |
| 4           | Distributions for 2018 from Section D,  |                               |  |   |
|             | line 7: \$  |                               |  |   |
| а           | Applied to underdistributions of prior years  |                               |  |   |
| b           | Applied to 2018 distributable amount  |                               |  |   |
| с           | Remainder. Subtract lines 4a and 4b from 4.   |                               |  |   |
| 5           | Remaining underdistributions for years prior to 2018, if  |                               |  |   |
|             | any. Subtract lines 3g and 4a from line 2. For result greater                                     |                               |  |   |
|             | than zero, explain in <b>Part VI.</b> See instructions.   |                               |  |   |
| 6           | Remaining underdistributions for 2018. Subtract lines 3h  |                               |  |   |
|             | and 4b from line 1. For result greater than zero, explain in                                      |                               |  |   |
|             | Part VI. See instructions.  |                               |  |   |
| 7           | Excess distributions carryover to 2019. Add lines 3j  |                               |  |   |
|             | and 4c.   |                               |  |   |
| 8           | Breakdown of line 7:  |                               |  |   |
|             | Excess from 2014  |                               |  |   |
|             | Excess from 2015  |                               |  |   |
|             | Excess from 2016  |                               |  |   |
|             | Excess from 2017  |                               |  |   |
| е           | Excess from 2018  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

## HERBERT HOOVER BOYS & GIRLS CLUB Schedule A (Form 990 or 990-EZ) 2018 OF ST. LOUIS, INC.

Part VI 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, 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:

| 2014 AMOUNT: \$ | 19,078.                                  |
|-----------------|--|
| 2015 AMOUNT: \$ | 20,692.                                  |
| 2016 AMOUNT: \$ | 8,664.                                   |
| 2017 AMOUNT: \$ | 9,612.                                   |
| 2018 AMOUNT: \$ | 78,737.                                  |
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| 832028 10-11-18 | Schedule A (Form 990 or 990-EZ) 20<br>21 |

| Schedul | e B |
|---------|-----|
|---------|-----|

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

## Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY

## Schedule of Contributors

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

## 2018

Employer identification number

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

43-6061693

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

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

43-6061693

## Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|--|-----------------------------------|----------------------------|--|
| <u>    1                                </u> |                                   | \$543,138.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2  |                                   | \$333,924.                 | Person     X       Payroll   |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>3</u>                                     |                                   | \$ <u>200,000.</u>         | Person     X       Payroll   |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>4</u>                                     |                                   | \$ <u>1,000,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>5</u>                                     |                                   | \$203,568.                 | Person X<br>Payroll (Complete Part II for<br>noncash contributions.)               |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u> </u>                                     |                                   | \$604,164.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 823452 11-08-1                               | 0                                 | Schedule B (Form           | 990, 990-EZ, or 990-PF) (2018)   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 additional space is needed.

| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions   | (d)<br>Type of contribution  |
|---------------------------|-----------------------------------|--|--|
| 7_                        |                                   | \$ <u>255,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| 8                         |                                   | \$ <u>500,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| 9                         |                                   | \$ <u>500,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| <u>10</u>                 |                                   | \$500,000.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions   | (d)<br>Type of contribution  |
| <u>11</u>                 |                                   | \$400,000.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)                       | (b)                               | (c)  | (d)  |
| No.<br>12<br>823452 11-08 | Name, address, and ZIP + 4        | Total contributions         \$       1,005,500.         Schedule B /Form | Type of contribution         Person       X         Payroll                        |

or 990-PF) (2018)

2018.04030 HERBERT HOOVER BOYS & GIR 00113.01

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Page 2

|                              | B (Form 990, 990-EZ, or 990-PF) (2018)                            |  | Page <b>3</b>                  |
|------------------------------|---|--|--------------------------------|
|                              |   |  | Employer identification number |
|                              | RT HOOVER BOYS & GIRLS CLUB<br>• LOUIS, INC.                      |  | 43-6061693                     |
|                              |   |  |                                |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | Il if additional space is needed               |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions.  |                                |
|                              |   |  |                                |
| (a)                          |   | \$<br>(c)                                      |                                |
| No.<br>from<br>Part I        | (b)<br>Description of noncash property given                      | FMV (or estimate<br>(See instructions.         |                                |
|                              |   |  |                                |
|                              |   | \$   |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions.  |                                |
|                              |   | _  |                                |
|                              |   | \$   |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions.) |                                |
|                              |   |  |                                |
|                              |   | \$   |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions.  | Liste received                 |
|                              |   | _  |                                |
|                              |   | \$   |                                |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                      | (c)<br>FMV (or estimate<br>(See instructions.) | Liste received                 |
|                              |   |  |                                |
|                              |   | <br>\$   |                                |
| 823453 11-08                 | 3-18  |  |                                |

## 20501004 132842 00113.0000

| Schedule I      | B (Form 990, 990-EZ, or 990-PF) (2018)  |  | Page 4  |  |  |  |  |
|-----------------|---|--|---|--|--|--|--|
| Name of o       | rganization   |  | Employer identification number  |  |  |  |  |
| HERBEI          | RT HOOVER BOYS & GIRLS  | CLUB   |   |  |  |  |  |
| OF ST           | . LOUIS, INC.   |  | 43-6061693  |  |  |  |  |
| Part III        |   |  | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |  |
|                 | from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious, | a) through (e) and the following line er charitable, etc., contributions of \$1.000 or | r less for the year. (Enter this info. once.)<br>\$                       |  |  |  |  |
|                 | Use duplicate copies of Part III if additional  | space is needed.   |   |  |  |  |  |
| (a) No.<br>from | (h) Duran of sift   |  | (d) Decemination of how with its hold                                     |  |  |  |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                       |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
| -               |   |  |   |  |  |  |  |
|                 |   | (e) Transfer of gi   | ft  |  |  |  |  |
|                 |   |  |   |  |  |  |  |
| -               | Transferee's name, address, a   | Ind 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, a   | Relationship of transferor to transferee   |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                       |  |  |  |  |
| Part I          | () 1 3  |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   | (e) Transfer of gi   | i   |  |  |  |  |
|                 | (e) Transfer of gift  |  |   |  |  |  |  |
|                 | Transferee's name, address, a   | and ZIP + 4  | Relationship of transferor to transferee                                  |  |  |  |  |
| ľ               |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held                                       |  |  |  |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift  | (a) Description of now gift is neid                                       |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 | (e) Transfer of gift  |  |   |  |  |  |  |
|                 | <b>.</b>  |  |   |  |  |  |  |
| ŀ               | Transferee's name, address, a   | Ind ZIP + 4  | Relationship of transferor to transferee                                  |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
|                 |   |  |   |  |  |  |  |
| 823454 11-08    | -18   | I  | Schedule B (Form 990, 990-EZ, or 990-PF) (2018)                           |  |  |  |  |
| 5_0101 11-00    |   | 0.7  | Concours B (1 criti 000, 000-EE, 01 000-FT ) (2010)                       |  |  |  |  |

## 20501004 132842 00113.0000

| SC     |  | Supplementa                                   | al Financial Statements   |                     | OMB No. 1545-0047                     |
|--------|--|---|---|---------------------|---------------------------------------|
| (Forn  | n 990)                                     | Complete if the org                           | anization answered "Yes" on Form 990,                               |                     | 2018                                  |
|        | ment of the Treasury                       |   | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990. |                     | Open to Public                        |
|        | I Revenue Service<br>e of the organization |   | 90 for instructions and the latest information                      |                     | Inspection<br>r identification number |
| Nam    | e of the organizatio                       | OF ST. LOUIS, INC.                            |   |                     | 3-6061693                             |
| Par    | t I Organiza                               | ations Maintaining Donor Advise               | d Funds or Other Similar Funds or                                   | Accounts.           | Complete if the                       |
|        | organizatior                               | n answered "Yes" on Form 990, Part IV, lin    | e 6.  |                     |                                       |
|        |  |   | (a) Donor advised funds   | <b>(b)</b> Funds ar | d other accounts                      |
| 1      | Total number at en                         | nd of year                                    |   |                     |                                       |
| 2      | Aggregate value of                         | f contributions to (during year)              |   |                     |                                       |
| 3      | 00 0                                       | f grants from (during year)                   |   |                     |                                       |
| 4      |  | t end of year                                 |   |                     |                                       |
| 5      | -  |   | writing that the assets held in donor advised                       |                     |                                       |
| •      |  |   | exclusive legal control?  |                     | Yes No                                |
| 6      | •  | <b>c</b>                                      | dvisors in writing that grant funds can be use                      |                     |                                       |
|        |  |   | r donor advisor, or for any other purpose con                       | Ũ                   |                                       |
| Par    |  |   | ganization answered "Yes" on Form 990, Par                          |                     | Yes No                                |
| 1      |  | servation easements held by the organization  |   |                     |                                       |
|        |  | of land for public use (e.g., recreation or e | · · · · · ·   |                     | and area                              |
|        |  | f natural habitat                             | Preservation of a certifie  |                     |                                       |
|        |  | of open space                                 |   |                     |                                       |
| 2      |  |   | ied conservation contribution in the form of a                      | a conservation e    | asement on the last                   |
| -      | day of the tax year                        | <b>o o</b> 1                                  |   |                     | at the End of the Tax Year            |
| а      |  |   |   |                     |                                       |
| b      |  |   |   |                     |                                       |
| c      | •  |   | ucture included in (a)  |                     |                                       |
| d      |  |   | after 7/25/06, and not on a historic structure                      |                     |                                       |
|        |  |   | ·   | 2d                  |                                       |
| 3      |  |   | eased, extinguished, or terminated by the org                       |                     | g the tax                             |
|        | year 🕨                                     |   |   |                     |                                       |
| 4      | Number of states v                         | where property subject to conservation eas    | sement is located >   |                     |                                       |
| 5      | Does the organizat                         | tion have a written policy regarding the per  | iodic monitoring, inspection, handling of                           |                     |                                       |
|        | violations, and enfo                       | orcement of the conservation easements it     | holds?  |                     | Yes No                                |
| 6      | Staff and volunteer                        | r hours devoted to monitoring, inspecting,    | handling of violations, and enforcing conserv                       | ation easement      | s during the year                     |
|        | ▶  |   |   |                     |                                       |
| 7      | Amount of expense                          | es incurred in monitoring, inspecting, hanc   | lling of violations, and enforcing conservation                     | easements dur       | ing the year                          |
|        | ▶\$  |   |   |                     |                                       |
| 8      |  |   | e satisfy the requirements of section 170(h)(4                      |                     |                                       |
|        | and section 170(h)                         |   |   |                     |                                       |
| 9      |  | •   | on easements in its revenue and expense sta                         |                     |                                       |
|        |  |   | tion's financial statements that describes the                      | organization's a    | iccounting for                        |
| Par    | conservation easer                         |   | Art, Historical Treasures, or Othe                                  | r Similar As        | sets.                                 |
|        |  | the organization answered "Yes" on Form       |   |                     |                                       |
| 12     |  |   | C 958), not to report in its revenue statemen                       | t and halance st    | peet works of art                     |
| iu     | •  |   | hibition, education, or research in furtherance                     |                     |                                       |
|        |  | note to its financial statements that descri  |   |                     | o, provido, irr drevin,               |
| b      |  |   | C 958), to report in its revenue statement an                       | d balance sheet     | works of art. historical              |
|        | -  |   | ducation, or research in furtherance of public                      |                     |                                       |
|        | relating to these ite                      |   | · · ·   |                     | U U                                   |
|        | -  |   |   | ▶ \$                |                                       |
|        |  |   |   |                     |                                       |
| 2      |  |   | asures, or other similar assets for financial ga                    |                     |                                       |
|        |  | unts required to be reported under SFAS 1     |   |                     |                                       |
| а      | Revenue included                           | on Form 990, Part VIII, line 1                | · · · · · · ·   | ▶ \$                |                                       |
|        |  |   |   |                     |                                       |
| LHA    | For Paperwork Re                           | eduction Act Notice, see the Instructions     | s for Form 990.   | Sche                | dule D (Form 990) 2018                |
| 832051 | I 10-29-18                                 |   |   |                     |                                       |
|        |  |   | 28  |                     |                                       |

<sup>20501004 132842 00113.0000</sup> 

|    |   | HOOVER BOY   |                        | CLUB           |  |                | ~ ~      | <i></i>    |                    |        |
|----|---|--|------------------------|----------------|--|----------------|----------|------------|--------------------|--------|
|    |   | LOUIS, INC.  |                        |                | <u>.</u>                               |                |          | 61693      |                    | age 2  |
| Pa | rt III Organizations Maintaining C                                      |  |                        |                |  |                |          |            | ,                  |        |
| 3  | Using the organization's acquisition, accession (check all that apply): | on, and other records                              | s, check any of the f  | ollowing that  | are a sig                              | nificant use c | of its c | ollection  | items              | 6      |
| а  | Public exhibition   | d  | Loan or exc            | hange progra   | ams                                    |                |          |            |                    |        |
| b  | Scholarly research  | е  | Other                  |                |  |                |          |            |                    |        |
| с  | Preservation for future generations                                     |  |                        |                |  |                |          |            |                    |        |
| 4  | Provide a description of the organization's co                          | pllections and explain                             | how they further th    | e organizatio  | n's exem                               | npt purpose in | Part     | XIII.      |                    |        |
| 5  | During the year, did the organization solicit o                         |  |                        |                |  |                |          |            |                    |        |
|    | to be sold to raise funds rather than to be ma                          | aintained as part of th                            | ne organization's co   | lection?       |  |                |          | Yes        |                    | No     |
| Pa | rt IV Escrow and Custodial Arrang                                       | gements. Comple                                    | ete if the organizatio | n answered "   | Yes" on                                | Form 990, Pa   | rt IV, I | line 9, or |                    |        |
|    | reported an amount on Form 990, Pa                                      |  | -                      |                |  |                |          |            |                    |        |
| 1a | Is the organization an agent, trustee, custodi                          | an or other intermedi                              | ary for contributions  | s or other ass | ets not ir                             | ncluded        |          |            |                    |        |
|    | on Form 990, Part X?  |  | •                      |                |  |                |          | Yes        |                    | No     |
| b  | If "Yes," explain the arrangement in Part XIII                          |  |                        |                |  |                | . —      |            |                    |        |
|    |   |  | g                      |                |  |                |          | Amount     |                    |        |
| c  | Beginning balance   |  |                        |                |  | 1c             |          |            |                    |        |
|    | Additions during the year   |  |                        |                |  |                |          |            |                    |        |
|    | Distributions during the year   |  |                        |                |  |                |          |            |                    |        |
| f  |   |  |                        |                |  |                |          |            |                    |        |
|    | Did the organization include an amount on Fe                            |  |                        |                |  |                |          | Yes        |                    | No     |
|    | If "Yes," explain the arrangement in Part XIII.                         |  |                        |                |  |                | ∟        |            |                    |        |
| Pa |   |  |                        |                |  | <br>∩          |          |            |                    |        |
|    |   | (a) Current year                                   | (b) Prior year         | (c) Two year   |  | d) Three years | hack     | (e) Four   | Voaro              | hack   |
| 10 | Paginning of year balance   | 5,022,567.   | 2,660,917.             |                | 7,408.                                 | 2,515,         |          |            |                    | ,220.  |
|    | Beginning of year balance   | 3,022,307.   | 2,055,250.             |                | 5,078.                                 | 2,313,         |          |            | -                  | ,000.  |
|    |   | -312,272.  | 416,611.               |                | 3,490.                                 |                | 232.     |            | 89,095             |        |
|    | Net investment earnings, gains, and losses                              | 512,272.   | 410,011.               | 130            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,              | 252.     |            | 0,00               | ,055.  |
|    | Grants or scholarships  |  |                        |                |  |                |          |            |                    |        |
| е  | Other expenditures for facilities                                       | 112 500  | 110 211                | 111            | 0.5.0                                  | 0.5            | 527      |            | 00                 | 600    |
| _  | and programs  | 113,588.   | 110,211.               | 111            | .,059.                                 |                | 537.     |            | 89,600.<br>21,954. |        |
|    | Administrative expenses   | 4 506 707  |                        | 2.00           | 017                                    | ,              | 970.     |            |                    |        |
| g  | End of year balance   | 4,596,707.   | 5,022,567.             |                | 917.                                   | 2,627,         | 408.     | Ζ,         | 212,               | ,761.  |
| 2  | Provide the estimated percentage of the curr                            |  |                        | ) held as:     |  |                |          |            |                    |        |
|    | Board designated or quasi-endowment                                     | .00  | _%                     |                |  |                |          |            |                    |        |
|    | Permanent endowment $\blacktriangleright$ 98.54                         | %  |                        |                |  |                |          |            |                    |        |
| С  | Temporarily restricted endowment  | 1 <b>.4</b> 6 %                                    |                        |                |  |                |          |            |                    |        |
|    | The percentages on lines 2a, 2b, and 2c sho                             |  |                        |                |  |                |          |            |                    |        |
| 3a | Are there endowment funds not in the posse                              | ssion of the organiza                              | tion that are held ar  | nd administer  | ed for the                             | e organization | I        | г          |                    |        |
|    | by:   |  |                        |                |  |                |          |            | Yes                | No     |
|    | (i) unrelated organizations   |  |                        |                |  |                |          | 3a(i)      | Х                  |        |
|    | (ii) related organizations  |  |                        |                |  |                |          | 3a(ii)     |                    | X      |
| b  | If "Yes" on line 3a(ii), are the related organiza                       | tions listed as require                            | ed on Schedule R?      |                |  |                |          | 3b         |                    |        |
| 4  | Describe in Part XIII the intended uses of the                          |  | wment funds.           |                |  |                |          |            |                    |        |
| Pa | rt VI Land, Buildings, and Equipm                                       |  |                        |                |  |                |          |            |                    |        |
|    | Complete if the organization answere                                    | d "Yes" on Form 990                                | , Part IV, line 11a. S | ee Form 990,   | , Part X, I                            | ine 10.        |          |            |                    |        |
|    | Description of property   | (a) Cost or of                                     | ther (b) Cost          | or other       | (c) Ac                                 | cumulated      |          | (d) Booł   | k valu             | ie     |
|    |   | basis (investm                                     | ,                      | · ·            | dep                                    | preciation     |          |            |                    |        |
| 1a | Land  |  | 47                     | 3,206.         |  |                |          |            |                    | 06.    |
| b  | Buildings   |  | 11,80                  | 4,529.         | 6,0                                    | 51,202         | •        | 5,753      | 3,3                | 27.    |
|    | Leasehold improvements  |  |                        |                |  |                |          |            |                    |        |
|    | Equipment   |  | 1,52                   | 4,617.         | 1,3                                    | 323,779        | •        | 200        | ),8                | 38.    |
|    | Other   |  | 1,68                   | 0,444.         |  | 92,173         | •        | 1,588      | 3,2                | 71.    |
|    | I. Add lines 1a through 1e. <i>(Column (d) must</i> e                   |  | X. column (B). line 1  | Dc.)           |  |                |          | 8,015      |                    |        |
|    |   | , <u></u> _, _, _, _, _, _, _, _, _, _, _, _, _, _ |                        |                |  |                | edule    | D (Form    | 990                | ) 2018 |

| HERBERT | HOOVER | BOYS | & | GIRLS | CLUB |
|---------|--------|------|---|-------|------|
|         |        |      |   |       |      |

#### OF ST. LOUIS, INC. Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (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.) ► Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

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) 2018

832053 10-29-18

|      | HERBERT HOOVER BOYS & GIRL   | S CLUB    |                  |        |                |
|------|--|-----------|------------------|--------|----------------|
| Sche | dule D (Form 990) 2018 OF ST. LOUIS, INC.  |           |                  |        | 6061693 Page 4 |
| Par  | t XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With | Revenue per Re   | turn.  |                |
|      | 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      | 9,129,233.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                  |        |                |
| а    | Net unrealized gains (losses) on investments                                     | . 2a      | -625,189.        |        |                |
| b    | Donated services and use of facilities   | 2b        |                  |        |                |
| с    | Recoveries of prior year grants  | 2c        |                  |        |                |
| d    | Other (Describe in Part XIII.)   |           |                  |        |                |
| е    | Add lines 2a through 2d  |           |                  | 2e     | -625,189.      |
| 3    | Subtract line 2e from line 1   |           |                  | 3      | 9,754,422.     |
| 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      | 66,932.          |        |                |
| b    | Other (Describe in Part XIII.)   | 4b        |                  |        |                |
| с    | Add lines 4a and 4b  | 4c        | 66,932.          |        |                |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |           |                  | 5      | 9,821,354.     |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statem                    | ents With | n Expenses per F | Returi | n.             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |           |                  |        |                |
| 1    | Total expenses and losses per audited financial statements                       |           |                  | 1      | 7,524,841.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                  |        |                |
| а    | Donated services and use of facilities   | . 2a      |                  |        |                |
| b    | Prior year adjustments   | 2b        |                  |        |                |
| с    | Other losses   | 2c        |                  |        |                |
| d    | Other (Describe in Part XIII.)   | . 2d      |                  |        |                |
| е    | Add lines 2a through 2d  |           |                  | 2e     | 0.             |
| 3    | Subtract line 2e from line 1   |           |                  | 3      | 7,524,841.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                  |        |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | . 4a      | 66,932.          |        |                |
| b    | Other (Describe in Part XIII.)   | 4b        |                  |        |                |
| с    | Add lines 4a and 4b  |           |                  | 4c     | 66,932.        |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |                  | 5      | 7,591,773.     |
| Pa   | t XIII Supplemental Information.   |           |                  |        |                |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART V, LINE 4:

ENDOWMENT FUNDS GO TOWARDS CHARACTER AND LEADERSHIP PROGRAMS, MENTORING

PROGRAMS, TECHNOLOGY PROGRAMS AND EDUCATION AND CAREER DEVELOPMENT.

832054 10-29-18

| SCHEDULE G Suppleme   | ental Information Regarding  | Fund  | Iraisi   | ng or Gaming A  | ctivities   | OMB No. 1545-0047                                       |
|---|--|---|--|---|---|---|
|   | e organization answered "Yes" on<br>organization entered more than \$1   |   |  |   | r 19, or if the   | 2018  |
| Department of the Treasury  | Attach to Form 990   | -   |  | -   |   | Open to Public  |
|   | to www.irs.gov/Form990 for instr   | uction  | s and  | the latest informati  | on.   | Inspection  |
|   | HOOVER BOYS & GIR<br>LOUIS, INC.   | LS (  | CLUI   | 3   | Employer ic<br>43-606   | lentification number                                    |
|   | Complete if the organization answe   | red "Y  | es" or   | Form 990 Part IV I  |   |   |
| required to complete this par   |  | icu i   | 03 01  | 11 onn 330, 1 ar 10, 1  |   |   |
| <ol> <li>Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ol> | e X Solicita<br>f X Solicita<br>g X Special<br>pr oral agreement with any individual<br>part VII) or entity in connection with pr<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(includ         | non-g<br>gover<br>iising<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | XY  |   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity  | (iii)<br>fundr<br>have ci<br>or con<br>contribu | ustody<br>itrol of                             | (iv) Gross receipts<br>from activity  | (v) Amount paid<br>to (or retained by<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| MICHAEL D. RUBIN &  | CAPITAL CAMPAIGN Y   |   | No   |   |   |   |
| ASSOCIATES, LLC - 230 LINDEN  | ADVISEMENT SERVICES  |   | x  | 500,000.  | 67,600  | . 432,400.  |
|   |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
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|   |  |   |  |   |   |   |
| Total   |  |   |  | 500,000.  | 67,600  | . 432,400.  |
| 3 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 I   | registration  |
|   |  |   |  |   |   |   |
|   |  |   |  |   |   |   |
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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) 2018

832081 10-03-18

| Sch   | HERBERT HOOVER BOYS & GIRLS CLUB<br>Schedule G (Form 990 or 990-EZ) 2018 OF ST. LOUIS, INC. 43-6061693 Page 2 |   |                              |  |                   |                              |  |  |  |  |  |  |
|---|---|---|------------------------------|--|-------------------|------------------------------|--|--|--|--|--|--|
|   | irt l   |   |                              | I "Yes" on Form 990, Part                        |                   |                              |  |  |  |  |  |  |
|   |   | of fundraising event contributions and gr                                     |                              |  |                   | s greater than \$5,000.      |  |  |  |  |  |  |
|   |   |   | (a) Event #1                 | (b) Event #2<br>DINNER                           | (c) Other events  | (d) Total events             |  |  |  |  |  |  |
|   |   |   |                              | AUCTION  | 2                 | (add col. <b>(a)</b> through |  |  |  |  |  |  |
|   |   |   | (event type)                 | (event type)                                     | (total number)    | col. <b>(c)</b> )            |  |  |  |  |  |  |
| anue  |   |   |                              |  |                   |                              |  |  |  |  |  |  |
| Revenue   | 1   | Gross receipts  | 383,804.                     | 443,294.   | 124,257.          | 951,355.                     |  |  |  |  |  |  |
| -   | _   |   | 216 692                      | 351 201  | 98,555.           | 696 541                      |  |  |  |  |  |  |
|   | 2   | Less: Contributions   | 246,692.                     | 351,294.   | 90,000.           | 696,541.                     |  |  |  |  |  |  |
|   | 3   | Gross income (line 1 minus line 2)  | 137,112.                     | 92,000.  | 25,702.           | 254,814.                     |  |  |  |  |  |  |
|   |   |   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 4   | Cash prizes   | 0.                           | 0.   |                   |                              |  |  |  |  |  |  |
|   | 5   | Noncash prizes  | 63,007.                      | 625.   | 2,252.            | 65,884.                      |  |  |  |  |  |  |
| es  | J   | Noncash ph2cs   |                              | 0231   | 272324            |                              |  |  |  |  |  |  |
| ensi  | 6   | Rent/facility costs   | 0.                           |  |                   |                              |  |  |  |  |  |  |
| ЦХ  |   |   |                              | 00 550   |                   |                              |  |  |  |  |  |  |
| Direct Expenses   | 7   | Food and beverages  | 80,207.                      | 98,759.  | 28,650.           | 207,616.                     |  |  |  |  |  |  |
|   | 8   | Entertainment   |                              | 6,450.   | 600.              | 7,050.                       |  |  |  |  |  |  |
|   | 9   | Other direct expenses   | 26,554.                      |  | 21,912.           | 7,050.<br>79,123.            |  |  |  |  |  |  |
|   | 10  | Direct expense summary. Add lines 4 through                                   | h 9 in column (d)            | • • • •  | ►                 | 359,673.                     |  |  |  |  |  |  |
|   |   | Net income summary. Subtract line 10 from I                                   |                              |  |                   | -104,859.                    |  |  |  |  |  |  |
| Pa  | nrt I   | <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form       | n 990, Part IV, line 19, or r                    | eported more than |                              |  |  |  |  |  |  |
|   |   |   | ( ) 0.1                      | (d) Total gaming (add                            |                   |                              |  |  |  |  |  |  |
| Revenue   |   |   | (a) Bingo                    | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming  | col. (a) through col. (c))   |  |  |  |  |  |  |
| leve  |   |   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 1   | Gross revenue   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 0   | Cash prizes   |                              |  |                   |                              |  |  |  |  |  |  |
| ses   | 2   | Cash prizes   |                              |  |                   |                              |  |  |  |  |  |  |
| pen   | 3   | Noncash prizes  |                              |  |                   |                              |  |  |  |  |  |  |
| ш<br>т  |   |   |                              |  |                   |                              |  |  |  |  |  |  |
| Direct Expense  | 4   | Rent/facility costs   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 5   | Other direct expenses   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 5   |   | Yes %                        | Yes %  | Yes %             |                              |  |  |  |  |  |  |
|   | 6   | Volunteer labor   | □ No                         | □ No   | □ No              |                              |  |  |  |  |  |  |
|   |   |   |                              |  |                   |                              |  |  |  |  |  |  |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) |   |   |                              |  |                   |                              |  |  |  |  |  |  |
|   | 8   | Net gaming income summary. Subtract line 7                                    | from line 1, column (d)      |  | •                 |                              |  |  |  |  |  |  |
| ]   |   |   |                              |  |                   | 1                            |  |  |  |  |  |  |
| 9   | En  | ter the state(s) in which the organization condu                              | ucts gaming activities:      |  |                   |                              |  |  |  |  |  |  |
| а   | ls t  | the organization licensed to conduct gaming a                                 | ctivities in each of these s | states?  |                   | Yes No                       |  |  |  |  |  |  |

**b** If "No," explain:

Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

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Schedule G (Form 990 or 990-EZ) 2018

No

| HERBERT | HOOVER | BOYS | & | GIRLS | CLUB |  |
|---------|--------|------|---|-------|------|--|
|         |        |      |   |       |      |  |

| Sch        | edule G (Form 990 or 990-EZ) 2018 OF ST. LOUIS, INC. 43  | 3-6061          | .693     | Page 3   |
|------------|--|-----------------|----------|----------|
| 11         | Does the organization conduct gaming activities with nonmembers?   |                 | Yes      | No       |
|            | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      | —               |          |          |
|            | to administer charitable gaming?   |                 | Yes      | No       |
| 12         | Indicate the percentage of gaming activity conducted in:   | 🗀               | 100      |          |
|            |  | 120             | 1        | 07       |
|            | The organization's facility  |                 |          | %        |
|            | An outside facility  | <b>13</b> b     |          | %        |
| 14         | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |                 |          |          |
|            |  |                 |          |          |
|            | Name   |                 |          |          |
|            |  |                 |          |          |
|            | Address 🕨  |                 |          |          |
|            |  |                 |          |          |
| 15a        | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               |                 | Yes      | No No    |
|            |  |                 |          |          |
| b          | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount                              |                 |          |          |
|            | of gaming revenue retained by the third party $\blacktriangleright$ \$   |                 |          |          |
| c          | : If "Yes," enter name and address of the third party:   |                 |          |          |
|            |  |                 |          |          |
|            | Name 🕨   |                 |          |          |
|            |  |                 |          |          |
|            | Address  |                 |          |          |
|            |  |                 |          |          |
| 16         | Gaming manager information:  |                 |          |          |
| 10         |  |                 |          |          |
|            | Name   |                 |          |          |
|            |  |                 |          |          |
|            |  |                 |          |          |
|            | Gaming manager compensation 🕨 💲  |                 |          |          |
|            | Develoption of our force and filled N  |                 |          |          |
|            | Description of services provided   |                 |          |          |
|            |  |                 |          |          |
|            |  |                 |          |          |
|            |  |                 |          |          |
|            | Director/officer Employee Independent contractor   |                 |          |          |
|            |  |                 |          |          |
|            | Mandatory distributions:   |                 |          |          |
| а          | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |                 |          |          |
|            | retain the state gaming license?   |                 | Yes      | No No    |
| b          | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | е               |          |          |
| _          | organization's own exempt activities during the tax year 🕨 💲   |                 |          |          |
| Pa         | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and           | l Part III, lir | nes 9, 9 | 9b, 10b, |
|            | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |                 |          |          |
|            |  |                 |          |          |
| SC         | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE  | IRS:            |          |          |
|            |  |                 |          |          |
| _          |  |                 |          |          |
|            |  | _               |          |          |
| (I         | ) NAME OF FUNDRAISER: MICHAEL D. RUBIN & ASSOCIATES, LLC   |                 |          |          |
| -          |  |                 |          |          |
| (I         | ) ADDRESS OF FUNDRAISER: 230 LINDEN AVENUE, ST. LOUIS, MO 63   | 3105            |          |          |
| <u>`</u> = |  |                 |          |          |
|            |  |                 |          |          |
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832083 10-03-18

|               |  | HERBE | RT HOOVI  | ER BOYS | & GIR | RLS CLUB |                         |         |
|---------------|--|-------|-----------|---------|-------|----------|-------------------------|---------|
| Schedule G    | (Form 990 or 990-EZ)<br>Supplemental Infor | OF ST | • LOUIS   | , INC.  |       |          |                         | Page 4  |
|               | cappionental mon                           |       | ontinueu) |         |       |          |                         |         |
|               |  |       |           |         |       |          |                         |         |
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|               |  |       |           |         |       |          |                         |         |
|               |  |       |           |         |       |          |                         |         |
| 832084 04-01- | 10   |       |           |         |       |          | Schedule G (Form 990 or | 990-EZ) |

832084 04-01-18

| SC       | HEDULE J                                    | Compensation Information   |            | OMB No. 1    | 545-004 | 47       |
|----------|---|--|------------|--------------|---------|----------|
| (Fo      | rm 990)                                     | For certain Officers, Directors, Trustees, Key Employees, and Highest  | F          | 00           | 40      |          |
| <b>\</b> | ···· · · · · · · · · · · · · · · · · ·      | Compensated Employees  |            | 20           | ΔL      | j j      |
|          |   | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.   |            | Open to      | Publ    | ic       |
|          | tment of the Treasury<br>al Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.   |            | Inspe        |         |          |
| _        | e of the organizatio                        |  | Employer i | dentificatio | on nui  | mber     |
|          |   | OF ST. LOUIS, INC.   | 43-6       | 506169       | 3       |          |
| Pa       | rt I Question                               | s Regarding Compensation   |            |              |         |          |
|          |   |  |            |              | Yes     | No       |
| 1a       | Check the appropr                           | iate box(es) if the organization provided any of the following to or for a person listed on Form   | 990,       |              |         |          |
|          |   | line 1a. Complete Part III to provide any relevant information regarding these items.  | ,          |              |         |          |
|          | First-class or o                            |  | nal use    |              |         |          |
|          | Travel for com                              | ipanions Payments for business use of personal re  | sidence    |              |         |          |
|          |   | cation and gross-up payments X Health or social club dues or initiation fee  | s          |              |         |          |
|          | Discretionary                               | spending account Personal services (such as maid, chauffer   | ur, chef)  |              |         |          |
|          |   |  |            |              |         |          |
| b        | If any of the boxes                         | on line 1a are checked, did the organization follow a written policy regarding payment or  |            |              |         |          |
|          | reimbursement or                            | provision of all of the expenses described above? If "No," complete Part III to explain  |            | 1b           | Х       |          |
| 2        | Did the organizatio                         | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |            |              |         |          |
|          | trustees, and office                        | rs, including the CEO/Executive Director, regarding the items checked on line 1a?  |            | 2            | Х       |          |
|          |   |  |            |              |         |          |
| 3        | Indicate which, if a                        | ny, of the following the filing organization used to establish the compensation of the organiza  | tion's     |              |         |          |
|          | CEO/Executive Dire                          | ector. Check all that apply. Do not check any boxes for methods used by a related organizati   | on to      |              |         |          |
|          | establish compens                           | ation of the CEO/Executive Director, but explain in Part III.  |            |              |         |          |
|          | X Compensation                              | n committee Written employment contract  |            |              |         |          |
|          | Independent of                              | compensation consultant X Compensation survey or study   |            |              |         |          |
|          | Form 990 of c                               | ther organizations X Approval by the board or compensation of  | ommittee   |              |         |          |
|          |   |  |            |              |         |          |
| 4        | During the year, die                        | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |            |              |         |          |
|          | organization or a re                        | elated organization:   |            |              |         |          |
| а        |   | e payment or change-of-control payment?  |            |              |         | X        |
| b        |   | ceive payment from, a supplemental nonqualified retirement plan?   |            |              |         | X        |
| с        |   | ceive payment from, an equity-based compensation arrangement?  |            | 4c           |         | X        |
|          | If "Yes" to any of li                       | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |            |              |         |          |
|          |   |  |            |              |         |          |
| _        |   | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |            |              |         |          |
| 5        |   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   | 'n         |              |         |          |
|          | contingent on the                           |  |            | -            |         | x        |
|          |   |  |            |              |         | X        |
| a        |   | ration?  |            | <u>5b</u>    |         |          |
| ~        |   | or 5b, describe in Part III.   |            |              |         |          |
| 6        | -   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o | 'n         |              |         |          |
| -        | contingent on the                           | -  |            | 60           |         | x        |
|          |   | ration?  |            |              |         | X        |
| U        |   | ration?<br>or 6b, describe in Part III.  |            |              |         |          |
| 7        |   | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  |            |              |         |          |
| '        |   | nes 5 and 6? If "Yes," describe in Part III  |            | 7            | х       |          |
| 8        |   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |            |              |         |          |
| 0        |   |  |            | 8            |         | x        |
| 9        |   | bit the organization also follow the rebuttable presumption procedure described in   |            |              |         | <u> </u> |
| 3        |   | n 53.4958-6(c)?  |            | 9            |         |          |
| LHA      |   | eduction Act Notice, see the Instructions for Form 990.  |            | ule J (Forn  | n 990   | 2018     |

832111 10-26-18

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

Schedule J (Form 990) 2018

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

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

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

|                      |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and other deferred |          | (E) Total of columns | (F) Compensation<br>in column (B)         |
|----------------------|-------------|--------------------------|---|---|-----------------------------------|----------|----------------------|---|
| (A) Name and Title   |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) DR. FLINT FOWLER | (i)         | 189,156.                 | 0.  | 0.  | 7,893.                            | 5,042.   | 202,091.             | 0.  |
| EXECUTIVE DIRECTOR   | (ii)        | 0.                       | 0.  | 0.  | 0.                                | 0.       | 0.                   | 0.  |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)<br>(ii) |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (i)<br>(ii) |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |
|                      | (i)         |                          |   |   |                                   |          |                      |   |
|                      | (ii)        |                          |   |   |                                   |          |                      |   |

Schedule J (Form 990) 2018

Page 2

43-6061693

Schedule J (Form 990) 2018

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required 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.

#### PART I, LINE 1A:

THE EXECUTIVE DIRECTOR IS PROVIDED A MEMBERSHIP TO A SOCIAL CLUB IN ORDER

#### TO HOLD BUSINESS LUNCHES, MEETINGS, ETC. RELATED TO THE HERBERT HOOVER BOYS

#### AND GIRLS CLUB.

Schedule J (Form 990) 2018

|      | HEDULE M<br>rm 990)                       |   | Nonc                          | ash Contri  | ibutions   |           | омв №<br><b>20</b>                       |         |          |
|------|---|---|-------------------------------|---|--|-----------|--|---------|----------|
|      | ment of the Treasury<br>I Revenue Service | <ul> <li>Complete if the org</li> <li>Attach to Form 990</li> <li>Go to www.irs.gov/</li> </ul> |                               |   | n Form 990, Part IV, lines 2<br>the latest information.                            | 29 or 30. | Open to<br>Inspe                         | Publi   |          |
| Name | e of the organization                     | HERBERT HOOV  | ER BOY                        | S & GIRLS   | CLUB   | Employe   | er identificati                          | on nur  | nber     |
|      |   | OF ST. LOUIS  | , INC.                        |   |  |           | 43-6061                                  | 693     |          |
| Par  | tl Types of F                             | Property  |                               |   |  |           |  |         |          |
|      |   |   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | noncash o | (d)<br>od of determin<br>contribution ai | •       | s        |
| 1    | Art - Works of art                        |   |                               |   |  |           |  |         |          |
| 2    |   | ures  |                               |   |  |           |  |         |          |
| 3    |   | ests  |                               |   |  |           |  |         |          |
| 4    |   | ons   |                               |   |  |           |  |         |          |
| 5    |   | nold goods  |                               |   |  |           |  |         |          |
| 6    |   | cles  |                               |   |  |           |  |         |          |
| 7    |   |   |                               |   |  |           |  |         |          |
| 8    |   |   |                               |   |  |           |  |         |          |
| 9    |   | traded  | X                             | 29  | 293,896.   | MARKET V  | VALUE                                    |         |          |
| 10   |   | neld stock  |                               |   |  |           |  |         |          |
| 11   | Securities - Partners                     |   |                               |   |  |           |  |         |          |
|      | trust interests                           |   |                               |   |  |           |  |         |          |
| 12   | Securities - Miscella                     | neous   |                               |   |  |           |  |         |          |
| 13   | Qualified conservation                    | on contribution -   |                               |   |  |           |  |         |          |
|      | Historic structures                       |   |                               |   |  |           |  |         |          |
| 14   | Qualified conservation                    | on contribution - Other   |                               |   |  |           |  |         |          |
| 15   | Real estate - Resider                     | ntial   |                               |   |  |           |  |         |          |
| 16   | Real estate - Comme                       | ercial  |                               |   |  |           |  |         |          |
| 17   | Real estate - Other                       |   |                               |   |  |           |  |         |          |
| 18   | Collectibles                              |   |                               |   |  |           |  |         |          |
| 19   | Food inventory                            |   |                               |   |  |           |  |         |          |
| 20   |   | supplies  |                               |   |  |           |  |         |          |
| 21   | Taxidermy                                 |   |                               |   |  |           |  |         |          |
| 22   | Historical artifacts                      |   |                               |   |  |           |  |         |          |
| 23   | Scientific specimens                      | s   |                               |   |  |           |  |         |          |
| 24   | Archeological artifac                     |   |                               |   |  |           |  |         |          |
| 25   |   | CTION ITEMS)  | X                             | 143   | 65,884.  |           |  |         |          |
| 26   | Other ► ( <u>SP</u>                       | ORTS EQUIPM )   | X                             | 1   | 35,597.  | FMV       |  |         |          |
| 27   | Other  (                                  | )   |                               |   |  |           |  |         |          |
| 28   | Other 🕨 (                                 | )   |                               |   |  |           |  |         |          |
| 29   |   | 283 received by the organi  |                               | , ,   |  |           |  |         |          |
|      | for which the organi                      | zation completed Form 82  | 83, Part IV, I                | Donee Acknowledg  | gement 29  |           |  |         |          |
|      |   |   |                               |   |  |           |  | Yes     | No       |
| 30a  |   | -   | -                             | •••••   | orted in Part I, lines 1 through   | -         |  |         |          |
|      |   |   |                               |   | which isn't required to be u   |           |  |         | v        |
|      |   |   | ?                             |   |  |           | <u>30a</u>                               |         | X        |
|      |   | e arrangement in Part II.   | li t                          |   |  | tianao    |  |         | v        |
| 31   | -   | • • •   | •                             | -   | of any nonstandard contribu  |           | 31                                       |         | <u> </u> |
| 32a  |   | •   |                               | •   | cit, process, or sell noncash  |           |  |         | v        |
|      |   |   |                               |   |  |           | <u>32a</u>                               |         | X        |
|      | If "Yes," describe in                     |   | alument (-) f                 | to hund of a second to                                    | for which a liver (-) -  | alvad     |  |         |          |
| 33   |   | iun t report an amount in c   | oiumn (C) to                  | r a type of property                                      | r for which column (a) is che  | скеа,     |  |         |          |
|      | describe in Part II.                      | aduation Act Nation   | the leature                   | tions for Farme 000                                       | <b>)</b>   | 0.1       | odule M /Farr                            | n 000)  | 2010     |
| LHA  | For Paperwork R                           | eduction Act Notice, see  |                               |   |  | SCN       | edule M (Forr                            | 11 990) | 2010     |

|                            | HERBERT  | HOOVER BOYS | & | GIRLS | CLUB |  |
|----------------------------|----------|-------------|---|-------|------|--|
| Schedule M (Form 990) 2018 | OF ST. 1 | LOUIS, INC. |   |       |      |  |

Part II 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.

#### SCHEDULE M, LINE 30B:

#### HERBERT HOOVER BOYS & GIRLS CLUB REPORTS THE NUMBER OF ITEMS

CONTRIBUTED.

Schedule M (Form 990) 2018

832142 10-18-18

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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. ► Go to www.irs.gov/Form990 for the latest information. HERBERT HOOVER BOYS & GIRLS CLUB

INC.



OMB No. 1545-0047

43-6061693

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OF ST. LOUIS,

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 \$ 2,335,368. INCLUDING GRANTS OF \$ 0. REVENUE \$ 127,063.

FORM 990, PART VI, SECTION A, LINE 8B:

THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY OF ACT ON BEHALF OF THE

BOARD OF DIRECTORS.

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

THE RETURN IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. THE

RETURN IS REVIEWED BY THE BOARD TREASURER. THE RETURN IS THEN MADE

AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING.

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

THE BOARD OF DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST POLICY ON AN ANNUAL BASIS. THE EXECUTIVE DIRECTOR REVIEWS

INFORMATION CONTAINED IN THE SIGNED STATEMENTS TO MONITOR POTENTIAL

CONFLICTS THAT COULD ARISE. ANY CONFLICTS ARE BROUGHT TO THE ATTENTION OF

THE BOARD CHAIR FOR RESOLUTION AND POTENTIAL DISCUSSION AT THE UPCOMING

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

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| Schedule O (Form 990 or 990-EZ) (2018)  | Page <b>2</b>                             |
|---|---|
| Name of the organization HERBERT HOOVER BOYS & GIRLS CLUB<br>OF ST. LOUIS, INC. | Employer identification number 43-6061693 |
| BOARD MEETING. IF THE BOARD CHAIR IS CONSIDERED TO HAVE A                       | REAL OR PERCEIVED                         |
| CONFLICT OF INTEREST, THE DECISION FOR THE EXISTENCE OF A                       | CONFLICT IS                               |
| DELEGATED TO THE VICE CHAIR. ANY PERSON WHO IS UNDER CONS                       | IDERATION OF                              |
| BEING IN CONFLICT IS PRECLUDING FROM PARTICIPATING IN DISC                      | USSIONS AND                               |
| DECISIONS ON THE MATTER.  |   |

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON AN INDEPENDENT ANALYSIS, DONE BY THE BOYS AND GIRLS CLUBS OF AMERICA (BGCA), THAT REVIEWS RELEVANT SALARY SURVEYS AND COMPARABLE POSITIONS REGIONALLY AND NATIONALLY. THE SALARY DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN THE EMPLOYEE'S PERMANENT FILE. THE ANALYSIS FOR THE EXECUTIVE DIRECTOR IS COMPLETED PERIODICALLY BY THE BOARD OF DIRECTORS, WHILE THE ANALYSIS FOR THE COMPENSATION FOR ALL OTHER OFFICERS AND EMPLOYEES, ALSO PREPARED BY BGCA, WAS LAST PERFORMED DURING 2016.

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

WE MAKE OUR GOVERNING DOCUMENTS, CONFLCIT OF INTEREST POLICY AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

832212 10-10-18

| SCHEDULE R  |   | <b>Related Organization</b>                       | s and Unrelated Pa                          | rtnerships              |                                  | F                    | OMB No. 1545              | 5-0047                  |
|---|---|---|---|-------------------------|----------------------------------|----------------------|---------------------------|-------------------------|
| (Form 990)  | ► Com   | plete if the organization answered                | "Yes" on Form 990, Part IV,                 |                         | or 37.                           |                      | 201                       | 8                       |
| Department of the Treasury<br>Internal Revenue Service          |   |   | tach to Form 990.                           |                         |                                  |                      | Open to P<br>Inspecti     | ublic                   |
| Internal Revenue Service<br>Name of the organizat               | ion HERBERT HOOVE   | ► Go to www.irs.gov/Form990<br>R BOYS & GIRLS CLU |   | st information.         |                                  | Employer ider        |                           |                         |
|   | OF ST. LOUIS,   |   | _   |                         |                                  | 43-606               |                           |                         |
| Part I Identificati   | on of Disregarded Entities. Compl                           | lete if the organization answered "Ye             | s" on Form 990, Part IV, line 3             | 3.                      |                                  |                      |                           |                         |
|   | (a)   | (b)   | (c)   | (d)                     | (e)                              |                      | (f)                       |                         |
| Name, address, and EIN (if applicable)<br>of disregarded entity |   | Primary activity                                  | Legal domicile (state o<br>foreign country) | or Total incom          | e End-of-year                    | assets Dire          | ect controlling<br>entity | g                       |
|   |   | _   |   |                         |                                  |                      |                           |                         |
|   |   | _   |   |                         |                                  |                      |                           |                         |
|   |   |   |   |                         |                                  |                      |                           |                         |
|   |   |   |   |                         |                                  |                      |                           |                         |
|   |   | _   |   |                         |                                  |                      |                           |                         |
|   | on of Related Tax-Exempt Organiz<br>ns during the tax year. | zations. Complete if the organization             | n answered "Yes" on Form 990                | ), Part IV, line 34, be | cause it had one o               | or more related tax- | exempt                    |                         |
|   | (a)   | (b)   | (c)   | (d)                     | (e)                              | (f)                  | (                         | <b>g)</b><br>512(b)(13) |
|   | ne, address, and EIN  | Primary activity                                  | Legal domicile (state or                    | Exempt Code             | Public charity                   | Direct controllin    | g cont                    | rolled                  |
| of r  | related organization  |   | foreign country)                            | section                 | status (if section<br>501(c)(3)) | entity               | ent<br>Yes                | tity?                   |
| ADAMS PARK COMMUN   | ITY CENTER - 43-1888292                                     |   |   |                         |                                  |                      | 105                       |                         |
| 2901 N. GRAND AVE   | NUE   |   |   |                         | E                                | HERBERT HOOVER       |                           |                         |
| ST. LOUIS, MO 63  | 107   | TO SUPPORT HHBGC OF STL                           | MISSOURI                                    | 501(C)(3) L             | INE 12A, I                       | BOYS & GIRLS CL      | UB X                      |                         |
| MENTOR ST. LOUIS  |   |   |   |                         |                                  |                      |                           |                         |
| 2901 N. GRAND AVE   |   |   |   |                         |                                  | HERBERT HOOVER       |                           |                         |
| ST. LOUIS, MO 63  | 107   | MENTOR YOUTH                                      | MISSOURI                                    | 501(C)(3) L             | INE 7                            | BOYS & GIRLS CI      | 'UB X                     |                         |
|   |   |   |   |                         |                                  |                      |                           |                         |
|   |   | -   |   |                         |                                  |                      |                           |                         |
|   |   |   |   | 1 1                     |                                  |                      |                           |                         |
|   |   |   |   |                         |                                  |                      |                           |                         |
|   |   |   |   |                         |                                  |                      |                           |                         |

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

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 OF ST. LOUIS, INC.

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

| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)                   | (g)                               | (1  | h)                  | (i)             | (j)                      | (k)  |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|-----------------|--------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>tions? |                 | Genera<br>manag<br>partn | <sup>ll or</sup> Percentage<br><sup>jing</sup> ownership |
|  |                  | country)                                  |                              | sections 512-514)  |                       | 400010                            | Yes | No                  | K-1 (Form 1065) | Yes                      | 10   |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          | <u> </u>   |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  |                  |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  | 1                |   |                              |  |                       |                                   |     |                     |                 |                          |  |
|  | 1                | 1   | 1                            |  |                       | 1                                 |     | I                   | 1               |                          |  |

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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f) (g)<br>Share of total<br>income end-of-year<br>assets |  | (h)<br>Percentage<br>ownership | Sec<br>512(l<br>contr<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>tity? |  |  |  |
|---|--------------------------------|---|--|--|---|--|--------------------------------|------------------------------|---|--|--|--|
|   |                                | country)                                      |  | 0  |   |  |                                | Yes                          | No  |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              | $\square$                                   |  |  |  |
|   |                                |   |  | -  |   |  |                                |                              |   |  |  |  |
|   |                                |   |  |  |   |  |                                |                              |   |  |  |  |

Schedule R (Form 990) 2018 OF ST. LOUIS, INC.

| Part | V Transactions With Related Organizations. Complete if the organization answ  | wered "Yes" on Form | 1 990, Part IV, line 34, 35b, | or 36. |    |      |  |
|------|---|---------------------|-------------------------------|--------|----|------|--|
| Note | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                     |                               |        | Ye | s No |  |
| 1    | 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? |                     |                               |        |    |      |  |
| а    | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |                     |                               |        |    |      |  |
|      | Gift, grant, or capital contribution to related organization(s)   |                     |                               |        |    | X    |  |
|      | Gift, grant, or capital contribution from related organization(s)   |                     |                               |        | X  |      |  |
|      | Loans or loan guarantees to or for related organization(s)  |                     |                               |        |    | X    |  |
|      | Loans or loan guarantees by related organization(s)   |                     |                               |        |    | X    |  |
|      |   |                     |                               |        |    |      |  |
| f    | Dividends from related organization(s)  |                     |                               | 1f     |    | X    |  |
| g    | Sale of assets to related organization(s)   |                     |                               | 1g     |    | X    |  |
|      | h Purchase of assets from related organization(s)   |                     |                               |        |    |      |  |
|      | i Exchange of assets with related organization(s)   |                     |                               |        |    |      |  |
|      | j Lease of facilities, equipment, or other assets to related organization(s)  |                     |                               |        |    |      |  |
|      |   |                     |                               |        |    |      |  |
| k    | Lease of facilities, equipment, or other assets from related organization(s)  |                     |                               | 1k     |    | Х    |  |
|      | Performance of services or membership or fundraising solicitations for related organ  |                     |                               |        | X  |      |  |
|      | Performance of services or membership or fundraising solicitations by related organ   | • • • • • •         |                               | 1m     |    | X    |  |
| n    | Sharing of facilities, equipment, mailing lists, or other assets with related organization  | on(s)               |                               | 1n     | X  |      |  |
|      | Sharing of paid employees with related organization(s)  |                     |                               |        |    | X    |  |
|      |   |                     |                               |        |    |      |  |
| р    | Reimbursement paid to related organization(s) for expenses  |                     |                               | 1p     |    | X    |  |
|      | Reimbursement paid by related organization(s) for expenses  |                     |                               |        |    | X    |  |
|      |   |                     |                               |        |    |      |  |
| r    | r Other transfer of cash or property to related organization(s)   |                     |                               |        |    |      |  |
|      | s Other transfer of cash or property from related organization(s)   |                     |                               |        |    | X    |  |
|      |   |                     |                               |        |    |      |  |
|      | (a)   | (b)                 | (c)                           | (d)    |    |      |  |

|            | (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|------------|-------------------------------------|---|-------------------------------|--|
| (1)        |                                     |   |                               |  |
| (2)        |                                     |   |                               |  |
| <u>(3)</u> |                                     |   |                               |  |
| <u>(4)</u> |                                     |   |                               |  |
| <u>(5)</u> |                                     |   |                               |  |
| (6)        |                                     |   |                               |  |

Schedule R (Form 990) 2018 OF ST. LOUIS, INC.

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)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e<br>Are<br>partne<br>501(i<br>org<br><b>Yes</b> | e)<br>all<br>rs sec.<br>c)(3)<br>s.?<br><b>No</b> | <b>(f)</b><br>Share of<br>total<br>income | (ř<br>Dispr<br>tior<br>alloca<br><b>Yes</b> | n)<br>opor-<br>late<br>tions?<br>No | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>Genera<br>manag<br>partn<br><b>Yes</b> | al or Pe<br>ging<br>er? 0' | <b>(k)</b><br>ercentage<br>ownership |
|--|--------------------------------|-----|---|---|---|---|---|-------------------------------------|---|---|----------------------------|--------------------------------------|
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |
|  |                                |     |   |   |   |   |   |                                     |   |   |                            |                                      |

Schedule R (Form 990) 2018

| nedule | R | (Form | 990) | 2018 |  |
|--------|---|-------|------|------|--|

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

|          | (Form 990) 2018 | OF         |    |
|----------|-----------------|------------|----|
| Part VII | Supplemental    | Informatio | n. |

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

832165 10-02-18

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying number

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

|   |  |               |                                   | Enterme                             | er sidentifyin  | y number         |  |  |
|---|--|---------------|-----------------------------------|-------------------------------------|-----------------|------------------|--|--|
| Type or<br>print  | Name of exempt organization or other filer, see instru<br>HERBERT HOOVER BOYS & GIRL |               | 3                                 | Employer identification number (EIN |                 |                  |  |  |
|   | OF ST. LOUIS, INC.   |               |                                   | 43-6061693                          |                 |                  |  |  |
| File by the<br>due date for<br>filing your<br>return. See | Number, street, and room or suite no. If a P.O. box, 2901 NORTH GRAND AVENUE         | see instruct  | tions.                            | Social security number (SSN)        |                 |                  |  |  |
| instructions  | City, town or post office, state, and ZIP code. For a SAINT LOUIS, MO 63107          | foreign add   | ress, see instructions.           |                                     |                 |                  |  |  |
| Enter the   | Return Code for the return that this application is for (fi                          | ile a separa  | te application for each return)   |                                     |                 |                  |  |  |
| Applicat  | ion  | Return        | Application                       |                                     |                 | Return           |  |  |
| Is For  |  | Code          | Is For                            |                                     |                 | Code             |  |  |
| Form 990  | ) or Form 990-EZ   | 01            | Form 990-T (corporation)          |                                     |                 | 07               |  |  |
| Form 990  | )-BL   | 02            | Form 1041-A                       |                                     |                 | 08               |  |  |
| Form 472  | 20 (individual)  | 03            | Form 4720 (other than individual) |                                     |                 | 09               |  |  |
| Form 990  |  | 04            | Form 5227                         |                                     |                 | 10               |  |  |
| Form 990  | 0-T (sec. 401(a) or 408(a) trust)  | 05            | Form 6069                         |                                     |                 | 11               |  |  |
|   | D-T (trust other than above)   | 06            | Form 8870                         |                                     |                 | 12               |  |  |
|   | DR. FLINT FOWL   | ER            |                                   |                                     |                 |                  |  |  |
| • The b   | ooks are in the care of 🕨 2901 NORTH GRA   | ND AVE        | E ST. LOUIS, MO                   | 63107                               | 1               |                  |  |  |
|   | none No.  314-335-8000   |               | Fax No. 🕨                         |                                     |                 |                  |  |  |
| <ul> <li>If the</li> </ul>                                | organization does not have an office or place of busines                             | s in the Un   | ited States, check this box       |                                     |                 |                  |  |  |
|   | is for a Group Return, enter the organization's four digit                           |               |                                   |                                     |                 | oup, check this  |  |  |
|   | If it is for part of the group, check this box                                       |               |                                   |                                     |                 |                  |  |  |
|   |  |               |                                   |                                     |                 |                  |  |  |
| <b>1</b> Ire  | quest an automatic 6-month extension of time until                                   | NOVEI         | MBER 15, 2019 , to file           | e the exem                          | npt organizatio | on return for    |  |  |
| the   | e organization named above. The extension is for the org                             |               |                                   |                                     |                 |                  |  |  |
| ►   | X calendar year 2018 or  | -             |                                   |                                     |                 |                  |  |  |
| ► (   | tax year beginning   | , an          | nd ending                         |                                     |                 |                  |  |  |
| ŗ   |  | /             | 0                                 |                                     |                 |                  |  |  |
| <b>2</b> lft  | ne tax year entered in line 1 is for less than 12 months,                            | check reaso   | on: Initial return                | Final retur                         | 'n              |                  |  |  |
|   | Change in accounting period  |               |                                   |                                     |                 |                  |  |  |
|   |  |               |                                   |                                     |                 |                  |  |  |
| 3a lft  | nis application is for Forms 990-BL, 990-PF, 990-T, 4720                             | ), or 6069, e | enter the tentative tax. less     |                                     |                 |                  |  |  |
|   | nonrefundable credits. See instructions.   | ,             |                                   | 3a                                  | \$              | 0.               |  |  |
|   | nis application is for Forms 990-PF, 990-T, 4720, or 606                             |               |                                   |                                     |                 |                  |  |  |
|   | imated tax payments made. Include any prior year over                                |               |                                   | 3b                                  | \$              | 0.               |  |  |
|   | lance due. Subtract line 3b from line 3a. Include your p                             |               |                                   |                                     |                 |                  |  |  |
|   | ng EFTPS (Electronic Federal Tax Payment System). Se                                 | -             |                                   | 3c                                  | \$              | 0.               |  |  |
|   | If you are going to make an electronic funds withdrawa                               |               |                                   |                                     | Ŧ               |                  |  |  |
| instructio  |  | (             | ,                                 |                                     |                 |                  |  |  |
| LHA F   | or Privacy Act and Paperwork Reduction Act Notice                                    | , see instru  | uctions.                          |                                     | Form 88         | 68 (Rev. 1-2019) |  |  |