** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury

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

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

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

Open to Public

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number HERBERT HOOVER BOYS & GIRLS CLUB Address change OF ST. LOUIS, INC. Name change BOYS & GIRLS CLUBS OF GRTR STL 43-6061693 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 2901 NORTH GRAND AVENUE 314-335-8000 17,113,292. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAINT LOUIS, MO 63107 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR . FLINT FOWLER for subordinates? Yes X No 2901 N GRAND AVE., ST. LOUIS, MO 63107 H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BGCSTL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1967 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO ENABLE YOUTH TO REALIZE Governance FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 41 3 Number of voting members of the governing body (Part VI, line 1a) 41 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 238 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Current Year Prior Year** 9,079,309. 9,763,258. Contributions and grants (Part VIII, line 1h) 8 440,728. 402,516. Program service revenue (Part VIII, line 2g) 315,859. 270,120. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -14,542. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,497.11 $\overline{10.434.397}$ 9,821,354. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,154,431. 5,446,408. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 75,490. 16a Professional fundraising fees (Part IX, column (A), line 11e) 28,312. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,513,818. 2,361,852. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,591,773. 7,988,538. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,445,859. 2,229,581. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 22,036,934. 26,441,455. 20 Total assets (Part X, line 16) 1,647,760. 2,708,511. 21 Total liabilities (Part X, line 26) 三年 20,389,174. 23,732,944 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FLINT FOWLER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00362910 JAMES R. RITTS Paid self-employed Firm's name ► RUBINBROWN LLP Firm's EIN ► 43-0765316 Preparer Firm's address ▶ ONE NORTH BRENTWOOD Use Only Phone no. (314) 290-3300 SAINT LOUIS, MO 63105 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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Pa	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
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,150,290. including grants of \$) (Revenue \$) (Revenue \$)
	HERBERT HOOVER (FORMALLY SPORTSMAN PARK) - 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.
	077.050
4b	(Code:) (Expenses \$ 877,059. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) 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.
	111111111111111111111111111111111111111
4c	(Code:) (Expenses \$ 710,942. including grants of \$) (Revenue \$ 27,500.)
	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 on Schedule O.)
	(Expenses \$ 2,642,921. including grants of \$ 0.) (Revenue \$ 120,253.)
4e	Total program service expenses ► 6,381,212.
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OF ST. LOUIS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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			х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
IJ		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17	Х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	-13		
		19		х
20a	complete Schedule G, Part III	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	J			

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HERBERT HOOVER BOYS & GIRLS CLUB

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OF ST. LOUIS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	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			1,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0=		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·		28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? If "Yes," complete Schedule M 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	-01		
J Z	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
	Part V, line 1	34	Х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
		_	$\Omega\Omega\Omega$	1001-

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Part V Statements Regarding Other IRS Filings and Tax Compliance 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 238 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 41									
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 41									
2										
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_								
·		3		х						
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
		6		X						
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22						
7a		7.		Х						
	more members of the governing body?	7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х						
_	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
a	The governing body?	8a	X	37						
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records									
	DR. FLINT FOWLER - 314-335-8000									
	2901 NORTH GRAND AVE., ST. LOUIS, MO 63107									

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

Check if Schedule O contains a response or note to any line in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization	on nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated	
	hours per week	box	, unles	ss per	son i	s both	an	compensation from	compensation from related	amount of other	
	(list any	tor						the	organizations	compensation	
	hours for	direc				p.		organization	(W-2/1099-MISC)	from the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization	
	organizations	al trus	nal tr		loyee	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) LARRY E. PARRES	2.00	=	=	0	×	Ξ ω	F				
CHAIR	0.15	Х		Х				0.	0.	0.	
(2) NANCY WOLFE	2.00										
VICE CHAIR	0.05	Х		Х				0.	0.	0.	
(3) SUZIE SPENCE	2.00										
VICE CHAIR	0.05	Х		Х				0.	0.	0.	
(4) KEITH LUEKING	2.00										
TREASURER	0.05	Х		Х				0.	0.	0.	
(5) MARK E. STALLION	2.00							_	_	_	
SECRETARY	0.05	Х		Х				0.	0.	0.	
(6) MIKE ANDREW	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) DAVID APLINGTON	2.00								•	•	
BOARD MEMBER		Х						0.	0.	0.	
(8) BEN BEINFELD	2.00								•	•	
BOARD MEMBER	2 00	Х						0.	0.	0.	
(9) GREGG BERDY, MD, FACS	2.00	37							0	0	
BOARD MEMBER (10) MARY M. BONACORSI	2 00	Х						0.	0.	0.	
BOARD MEMBER	2.00 0.15	Х						0.	0.	0.	
(11) LORENZO M. BOYD	2.00	Λ						0.	0.	0.	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(12) MARK J. BULANDA	2.00	22						•	•	·	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(13) JEN CALL	2.00										
BOARD MEMBER		х						0.	0.	0.	
(14) MARK C. DARRELL	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(15) JOHN FARMER	2.00										
BOARD MEMBER	0.10	Х						0.	0.	0.	
(16) DANIEL S. FARRELL	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(17) LOGAN FINERTY	2.00										
BOARD MEMBER		Х						0.	0.	0.	

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OF ST. LOUIS, INC.

Section A. Officers, Directors, Trus (A)	(C)						(D)	(E)						
Name and title	Average hours per week	box	not c , unle:	Pos heck ss pe	itior more rson i	than of the state	h an	Reportable compensation from	Reportable compensation from related	on	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		organizations W-2/1099-MISC)		pensa rom th anizat d relat anizati	ne tion ted	
(18) LAURA L. FREEMAN, PH.D.	2.00													
BOARD MEMBER	0.00	Х					<u> </u>	0.		0.			0.	
(19) EVAN FOWLER	2.00	٠,,								^			^	
BOARD MEMBER	2 00	Х				_	├	0.		0.			0.	
(20) CRYSTAL GALE, PH.D.	2.00	. ,								^			^	
BOARD MEMBER	2 00	X	_			-	⊢	0.		0.			0.	
(21) CLIVE GRANNUM	2.00	. ,								^			0	
BOARD MEMBER (22) KEITH GROSZ	2.00	X					₩	0.		0.	-		0.	
BOARD MEMBER	2.00	X						0.		0.			0.	
	2.00	Α				\vdash	\vdash	· ·		<u> </u>	 		<u> </u>	
(23) PEGGY GUEST, PH.D. BOARD MEMBER	2.00	X						0.		0.			0.	
(24) LEAH REYNOLDS HARRIS	2.00	^					\vdash	0.		<u> </u>			<u> </u>	
BOARD MEMBER	2.00	x						0.		0.			0.	
(25) SEAN JOE, PH.D.	2.00	^	\vdash			1	 	0.		<u> </u>	 		<u> </u>	
BOARD MEMBER	2.00	х						0.		0.			0.	
(26) PETER LAZAROFF	2.00	22					 	0.		<u> </u>				
BOARD MEMBER	2.00	х						0.		0.			0.	
	1	1	<u> </u>		<u> </u>	<u> </u>		0.		0.			0.	
1b Subtotal c Total from continuation sheets to Part VI	I Section A							411,105.		0.	3	6,5		
d Total (add lines 1b and 1c)								411,105.		0.		6,5		
Total number of individuals (including but n							io re	·	000 of reportable			- , -		
compensation from the organization	or minited to th	1000	11010	a u	JO V C	, v v	010	ocived more than \$100,	,000 or reportable	J			3	
componential from the organization												Yes	No	
3 Did the organization list any former officer,	director trust	ee k	ev e	empl	love	e or	hia	hest compensated emp	lovee on					
line 1a? If "Yes," complete Schedule J for s	*	,	,		,	,	•		•		3		х	
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$150	•		•					•	•		4	Х		
5 Did any person listed on line 1a receive or a														
rendered to the organization? f "Yes." com					•			•			5		Х	
Section B. Independent Contractors	prete corrector	00/	<i>51</i> 50	<u> </u>	00/0									
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of com	pensa	tion fro	om		
the organization. Report compensation for	the calendar y	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.					
(A)								(B)			(0			
Name and business							ightharpoonup	Description of s	services	C	Compe	nsatio	n	
GARDAWORLD SECURITY SERVI					_					1				
1699 S HANLEY ROAD, ST. I	OUIS, M	[0	<u>63</u>	14	4			SECURITY		<u> </u>	<u>14</u>	9,3	<u>48.</u>	
CHASE PARK PLAZA							- 1			1				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 2

SEE PART VII, SECTION A CONTINUATION SHEETS

212 N. KINGSHIGHWAY, ST. LOUIS, MO 63108

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128,772.

EVENT SPACE

	LOUIS, IN	IC.							43-606	1693	
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)		
(A) (B) (C) (D) (E) (F)											
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl			that		ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	_				oyee		the	organizations	compensation	
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization	
	related organizations	ustee.	l trust		ee	n pen :				and related organizations	
	below	Individual trustee	Institutional trustee	_	nploy	stcor	16			Organizations	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				
(27) MARK LEVISON	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(28) JOHN MEARA	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(29) JOHN MORONEY	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(30) RICHARD NIX, JR.	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(31) CHONDA NWAMU	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(32) EMILY PITTS	2.00	1							_	_	
BOARD MEMBER		Х						0.	0.	0.	
(33) DAVID QUELLER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(34) MATT REDENIUS	2.00	ļ							•		
BOARD MEMBER		Х						0.	0.	0.	
(35) MICHELE SOWERS	2.00	3,7							0	0	
BOARD MEMBER (36) GENE R. TODD	2.00	Х						0.	0.	0.	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(37) DAVID TOUCHETTE	2.00	Λ			-			0.	0.	0.	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(38) A. KEITH TURNER	2.00	77						0.	0.	<u></u>	
BOARD MEMBER	2:00	х						0.	0.	0.	
(39) LYNN VOGEL	2.00								0.	•	
BOARD MEMBER		Х						0.	0.	0.	
(40) KELVIN R. WESTBROOK	2.00								<u> </u>		
BOARD MEMBER		Х						0.	0.	0.	
(41) T. WILLIAM WHITE	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(42) DR. FLINT FOWLER	60.00										
EXECUTIVE DIRECTOR	0.05			Х				185,148.	0.	13,104.	
(43) REGINA KNAPP	40.00										
VICE PRESIDENT OF FINANCE				Х				110,768.	0.	10,510.	
(44) RUTH L. LEDERMAN	40.00										
VICE PRESEDENT, RESOURCE DEV.					Ш	Х		115,189.	0.	12,956.	
		4									
		ļ			Ш						
		-									
Total to Part VII, Section A, line 1c								411,105.		36,570.	
Total to Fait VII, OccioiTA, IIIIe To										55/5/5	

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Pa	rt VI	!!!	_		=			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
	I			F00 100				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 6		Federated campaigns1a	522,192.	-			
Gra	ı		Membership dues 1b	28,136.	-			
S, ((Fundraising events 1c	823,706.	-			
를 를	(d	Related organizations 1d	37,197.	-			
S. ini	•		Government grants (contributions) 1e	846,456.	-			
i ti	1	f	All other contributions, gifts, grants, and					
ğ ş				505,571.				
d it	9	g	Noncash contributions included in lines 1a-1f 1g \$	249,284.				
<u>လို </u>		h	Total. Add lines 1a-1f		9,763,258.			
				Business Code				
မွ	2 8	а	PROGRAM REVENUE	900099	402,516.	402,516.		
e <u>Š</u>	1	b						
Series	(С						
e a m		d						
Program Service Revenue	•	е						
₫.	1	f	All other program service revenue					
	9	g	Total. Add lines 2a-2f		402,516.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		304,660.			304,660.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 a	а	Gross rents 6a 22,700.					
	ı	b	Less: rental expenses 6b 0 •					
	(С	Rental income or (loss) 6c 22,700.					
	(d	Net rental income or (loss)	<u></u>	22,700.			22,700.
	7 8	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 6311348.					
	ŀ	b	Less: cost or other basis					
ne			and sales expenses 76 6345888.					
Revenue			Gain or (loss) 7c - 34,540.					
	٠	d	Net gain or (loss)	<u></u>	-34,540.			-34,540.
her	8 8	а	Gross income from fundraising events (not					
ð			including \$ 823,706. of					
			contributions reported on line 1c). See					
				291,007.				
	ı	b	Less: direct expenses 8b	333,007.				
	(С	Net income or (loss) from fundraising events	.	-42,000.			-42,000.
	9 8	а	Gross income from gaming activities. See					
			Part IV, line 19					
	ı	b	Less: direct expenses 9b					
	(С	Net income or (loss) from gaming activities	.				
	10 a	а	Gross sales of inventory, less returns					
			and allowances 10a	а				
	ŀ	b	Less: cost of goods sold 101	o				
	(С	Net income or (loss) from sales of inventory					
S				Business Code	4 11 2 2 2			4 11 2 2 2
on e	11 a	а	MISCELLANEOUS	900099	17,803.			17,803.
Miscellaneous Revenue	١	b						
Sell sell	(С						
Nisi⊓	١ ،		All other revenue		45.000			
_		e	Total. Add lines 11a-11d		17,803.	100 515		060 600
	12		Total revenue. See instructions)	10434397.	402,516.	0.	268,623.

Form 990 (2019) OF ST. LOUIS,
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	lividuals. See Part IV, lines 15 and 16				
	empensation of current officers, directors,				
	stees, and key employees	319,530.	99,126.	141,103.	79,301
	mpensation not included above to disqualified	0_0,0001	00,1200		,
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
	her salaries and wages	4,318,829.	3,625,817.	278,816.	414,196
	nsion plan accruals and contributions (include		. ,	•	,
	tion 401(k) and 403(b) employer contributions)				
	her employee benefits	459,784.	382,952.	30,929.	45,903
	yroll taxes	348,265.	280,619.	30,798.	45,903 36,848
	es for services (nonemployees):				
a Ma	anagement	33,416.	33,416.		
	gal				
c Acc	counting	84,721.		84,721.	
	bbying				
	ofessional fundraising services. See Part IV, line 17	28,312.			28,312
f Inve	restment management fees	66,254.		66,254.	
g Oth	her. (If line 11g amount exceeds 10% of line 25,				
	umn (A) amount, list line 11g expenses on Sch O.)				
	vertising and promotion	70,461.	6,644.	42,486.	21,331 27,647
	fice expenses	430,114.	306,051.	96,416.	27,647
	ormation technology				
	yalties	F02 F02	400 755	2 020	
	cupancy	503,593.	499,755.	3,838.	2 600
17 Tra		55,788.	39,960.	12,138.	3,690
,	yments of travel or entertainment expenses				
	any federal, state, or local public officials	26 060	6 OF1	12 064	7 045
	nferences, conventions, and meetings	26,960. 60,744.	6,951.	12,964.	7,045
	erest	00,/44.	48,595.	12,149.	
	yments to affiliates	483,528.	442,674.	40,854.	
	preciation, depletion, and amortization	155,513.	154,813.	700.	
	surance	100,010.	134,013.	700.	
abo line	ner expenses. Itemize expenses not covered by the c				
	ONTRACTED SERVS & SPLY	500,197.	450,772.	47,111.	2,314
	EMBERSHIP	42,529.	3,067.	37,055.	2,407
C		,,	2,00.0	2.,3331	_,,
d	_				
	other expenses				
	ral functional expenses. Add lines 1 through 24e	7,988,538.	6,381,212.	938,332.	668,994
	nt costs. Complete this line only if the organization	, , ,	, ,	,	- ,
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2019)
Part X Balance Sheet

га	I L A	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,291.	1	1,817.
	2	Savings and temporary cash investments			2,375,173.	2	224,784.
	3	Pledges and grants receivable, net			3,823,823.	3	3,747,941.
	4	Accounts receivable, net				4	240,070.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			49,127.	9	40,303.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		22,555,815.			
	b	Less: accumulated depreciation	10b	7,929,580.	8,015,642.	10c	14,626,235.
	11	Investments - publicly traded securities			7,771,878.	11	7,422,388.
	12	Investments - other securities. See Part IV, line 3	11			12	
	13	Investments - program-related. See Part IV, line	11			13	137,917.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	22,036,934.	16	26,441,455.
	17	Accounts payable and accrued expenses	594,339.	17	477,650.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
jab		controlled entity or family member of any of the	se perso	ons	4 050 404	22	
_	23	Secured mortgages and notes payable to unrela	1,053,421.	23	2,230,861.		
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X			
		of Schedule D			1 (45 560	25	0 000 511
	26	Total liabilities. Add lines 17 through 25			1,647,760.	26	2,708,511.
"		Organizations that follow FASB ASC 958, che	ck here	• ► X			
ë		and complete lines 27, 28, 32, and 33.			E 222 060		12 005 001
<u>la</u>	27				7,333,060.	27	13,875,781.
Ä	28	Net assets with donor restrictions			13,056,114.	28	9,857,163.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
ţ	31	Retained earnings, endowment, accumulated in			20 200 174	31	22 722 044
Š	32	Total net assets or fund balances			20,389,174.	32	23,732,944.
	33	Total liabilities and net assets/fund balances .			22,036,934.	33	26,441,455.

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Pa	rt XI Reconciliation of Net Assets				
	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	10,43	34,3	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,98	38,5	38.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,4	15,8	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,38	39,1	74.
5	Net unrealized gains (losses) on investments	5	8.9	97,9	<u>11.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23,73	32,9	44.
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>		
			_	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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$oxed{oxed}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	ar audita, avalain why an Cahadula O and describe any stone taken to undergo auch audita		01.	1	1

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization OF ST. LOUIS 43-6061693 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 OF ST. LOUIS, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			` '	. ,	, ,	,,
-	membership fees received. (Do not						
	include any "unusual grants.")	7170510.	6464210.	10975637.	9079309.	9763258.	43452924.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7170510.	6464210.	10975637.	9079309.	9763258.	43452924.
	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)						7220484.
6	Public support. Subtract line 5 from line 4.						36232440.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	7170510.	6464210.	10975637.	9079309.	9763258.	43452924.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	86,411.	77,505.	112,770.	268,327.	327,360.	872,373.
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.)	20,692.	8,664.	9,612.	78,737.	17,803.	135,508.
11	Total support. Add lines 7 through 10						44460805.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,922,723.
	First five years. If the Form 990 is for					501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	81.49 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	78.80 <u>%</u>
	33 1/3% support test - 2019. If the o					ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances" t	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	Э
	organization meets the "facts-and-circ	umstances" test. 7	he organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>
	·						

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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•		
2		
За		
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3b		
3с		
4a		
4b		
4c		
F-0		
5a		
		
5b		
5c		
6		
7		
8		
9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
ее	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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:					
MISCELLANEOUS IN	COME					
2015 AMOUNT: \$	20,692.					
2016 AMOUNT: \$	8,664.					
2017 AMOUNT: \$	9,612.					
2018 AMOUNT: \$	78,737.					
2019 AMOUNT: \$	17,803.					

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

HERBERT HOOVER BOYS & GIRLS CLUB

OF ST. LOUIS, INC.

Employer identification number

43-6061693

Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	I-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	_	covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General l	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e 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) (2019)

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

Employer identification number

43-6061693

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$ 522,192.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		937,876.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$ 386,799.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		575,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		_ \$\$ <u></u>	Person X Payroll

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

Employer identification number

43-6061693

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,130,532.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number
43-6061693

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 43-6061693

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the				
	organization answered thes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w		ed funds				
	are the organization's property, subject to the organization's e	•					
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or						
	·						
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizatio						
	Preservation of land for public use (for example, recreat	`	f a historically important land area				
	Protection of natural habitat	· —	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.	Held at the End of the Tax Year					
а							
b							
С	Number of conservation easements on a certified historic stru						
	Number of conservation easements included in (c) acquired at						
	listed in the National Register	,	I I				
3	Number of conservation easements modified, transferred, rele						
_	year >	,g,	9				
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·					
	violations, and enforcement of the conservation easements it	J	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
	>	,	Ç ,				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year				
	▶ \$,	,				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservatio						
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.	-					
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	ırtherance of public				
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	is.				
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and I	palance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items:		•				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1	_	> \$				
			. .				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019				

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	t III Organizations Maintaining Co	ollections of Art.	Historical Tre	asures. o	r Othe	r Simila	r Asset			-
	Using the organization's acquisition, accession							<u> (COITIIITI</u>	<u>ueu) </u>	-
•	collection items (check all that apply):						400 01 110			
а	Public exhibition	d	Loan or exc	hange progra	am					
b										
c										
4										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets						oc iiii ai	. 70111.			
Ū	to be sold to raise funds rather than to be ma							Yes	☐ No	
Par	t IV Escrow and Custodial Arrang								110	-
	reported an amount on Form 990, Part		io ii tilo organizatio	ii anowerea	100 01	11 01111 00	o, i aitiv,	11110 0, 01		
	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other as	sets not	included				-
	on Form 990, Part X?							Yes	☐ No	
h	If "Yes," explain the arrangement in Part XIII a							103	110	
	ii res, explain the arrangement iiii art xiii a	and complete the folic	owing table.					Amount		-
_	Beginning balance					1c		Amount		-
	Additions during the year									-
u										-
f	Distributions during the year					16 1f				-
	Ending balance Did the organization include an amount on Fo	orm 000 Part V line 3	21 for occrow or ou	etodial acco	t liabi			Yes	No	-
	If "Yes," explain the arrangement in Part XIII.		•					165		
	t V Endowment Funds. Complete if									-
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year	(c) Two yea			years back	(a) Four	years back	-
10	Paginning of year balance	4,596,707.	5,022,567.		0,917.		627,408.		515,761.	_
_	Beginning of year balance	1,330,707.	3,022,307.		5,250.		6,078.	1	218,922.	_
b	Contributions Net investment earnings, gains, and losses	853,484.	-312,272.		6,611.		138,490.			_
C		033,404.	312,272.		0,011.		130,430,	+	14,232.	-
d	Grants or scholarships							+		-
е	Other expenditures for facilities	137,179.	113,588.	11	0,211.		111 050		05 537	
_	and programs	137,179.	113,300.	11	0,211.		111,059.		95,537. 25,970.	_
	Administrative expenses	5,313,012.	4,596,707.	E 02	2,567.	2	660,917.	1	627,408.	_
g	End of year balance		· · · · · · · · · · · · · · · · · · ·		2,307.	۷,	000,917.	2,	027,400.	-
2	Provide the estimated percentage of the curre	ent year end balance) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 83.21 Term endowment ► 16.79	%								
С	-									
_	The percentages on lines 2a, 2b, and 2c should be a second and a second a second and a second a second and a second a second and a second a second and a second a second a second a second and a second and a second a second a se	•								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	id administei	red for th	ne organiz	ation	Γ.		-
	by:								Yes No X	-
	(i) Unrelated organizations							- ''-		-
_	(ii) Related organizations							3a(ii)	X	-
	If "Yes" on line 3a(ii), are the related organizat							. 3 b		-
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		ment funds.							-
Pai			-							
	Complete if the organization answered						.			_
	Description of property	(a) Cost or otl	` '	or other		ccumulat	I .	(d) Book	value	
		basis (investme		,	de	preciation	1	1 000	0.6.6	_
	Land		1,20	9,866.		442	4 - 4	1,209	,866.	_
b	Buildings		19,28	2,603.	6,	413,0	T2.	2,869	,588.	_
С	Leasehold improvements		4	1 246		410 =		44.		_
d	Equipment			1,316.		410,5			,717.	
	Other			2,030.		105,9		136	,064.	-
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	. column (B), line 10	Oc.)			. 🕨 🗆	4,626	,235.	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	7		Tage o
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)		+	
(H)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 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" or		e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	······	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote t	o the organization's financial statements th	at reports the

932053 10-02-19

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,266,054.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	897,911.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	897,911. 10,368,143.
3	Subtract line 2e from line 1			3	10,368,143.
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	66,254.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	66,254.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	10,434,397.
Pa	T XII Reconciliation of Expenses per Audited Financial St		Expenses per R	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, I				
1	Total expenses and losses per audited financial statements			1	7,922,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
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	7,922,284.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	66.054		
а	Investment expenses not included on Form 990, Part VIII, line 7b		66,254.		
b	Other (Describe in Part XIII.)	4b			66.054
	Add lines 4a and 4b			4c	66,254.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	7,988,538.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	ation.		
D 3 T	NM 17 T TNTD 4				
PAL	RT V, LINE 4:				
		1	DDOGDAMG	3.677	NIMOD TNIC
ENI	DOWMENT FUNDS GO TOWARDS CHARACTER AND	LEADERSHIP	PROGRAMS,	ME	NTORING
חחר	OCDANG MEGUNOLOGY DDOCDANG AND EDUCAME	.OM AND GAD		DME	NTITI
PRO	OGRAMS, TECHNOLOGY PROGRAMS AND EDUCATI	ON AND CAR	FER DEVELO	PME.	N.T. •

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 43-6061693

required to complete this part	t.								
1 Indicate whether the organization rais	ed funds through any of the followir	ng activ	ities. (Check all that apply.					
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants					
b X Internet and email solicitations f X Solicitation of government grants									
c X Phone solicitations	g X Special	fundra	ising e	events					
d X In-person solicitations	<u> </u>		Ū						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees. or				
key employees listed in Form 990, P					X Yes	No			
b If "Yes," list the 10 highest paid indiv									
compensated at least \$5,000 by the		ant to	.g. 001	morne arraor willori a					
- Compensated at loads \$6,000 by the	r			Γ					
(i) Name and address of individual or entity (fundraiser) (ii) Activity			Did aiser istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization			
		contribu	itions?		listed in col. (i)	organization			
MICHAEL D. RUBIN &	CAPITAL CAMPAIGN	Yes	No						
ASSOCIATES, LLC - 230 LINDEN	ADVISEMENT SERVICES		Х	0.	22,816.	-22,816.			
						_			
Total					22,816.	-22,816.			
List all states in which the organization			ıtions	or has been notified	-				
or licensing.	in is registered of licerised to solicit	JOHEND	1110113	or rias been notified	it is exempt from ret	gistration			

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

Schedule G (Form 990 or 990-EZ) 2019

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				DINNER		(add col. (a) through
			GOLF EVENT	AUCTION	2	col. (c))
a)			(event type)	(event type)	(total number)	551. (5)/
Revenue						
eve!	1	Gross receipts	413,256.	545,504.	155,953.	1,114,713.
ш						
	2	Less: Contributions	275,377.	429,382.	118,947.	823,706.
			105.050	445 400	25 226	004 005
	3	Gross income (line 1 minus line 2)	137,879.	116,122.	37,006.	291,007.
	4	Cash prizes				
	_	Maranah milan	56,959.	19,997.	1,976.	78,932.
s	5	Noncash prizes	30,939.	13,337.	1,370.	70,932.
Direct Expenses	6	Rent/facility costs				
xpe	O	The filtracinity costs				
ίĒ	7	Food and beverages	73,295.	85,708.	51,570.	210,573.
)ire	•	Toda and beverages	707200	0077000	0=70.00	
	8	Entertainment		6,650.	1,150.	7,800.
	9	Other direct expenses	12,683.		1,150. 16,306.	35,702.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	333,007.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d))	-42,000.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cach prizes				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Exp	Ŭ	Tremoudif phizoe				
ect	4	Rent/facility costs				
Ē						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No 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)		>	
•		to the entertain the control of the				
		ter the state(s) in which the organization condu	-			Yes No
		the organization licensed to conduct gaming ac				Yes No
D	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
_	_					
		<u> </u>				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule G (Form 990 or 990-EZ) 2019 OF ST. LOUIS, INC.	43-6061693 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	<u>—</u>
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
• •	
Name	
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation \$	
Description of convices previded	
Description of services provided	
Director/officer Employee Independent contractor	
bliector/officer Employee independent contractor	
47 Mandatan distributions	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Dort III lines 0. Ob. 10b
); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	TSERS:
Deniabola C, IARI I, BIRL 2D, BIDI OI IBR HIGHEDI IAID IONDRA	TOLINO:
(I) NAME OF FUNDRAISER: MICHAEL D. RUBIN & ASSOCIATES, LLC	
(-)	
(I) ADDRESS OF FUNDRAISER: 230 LINDEN AVENUE, ST. LOUIS, MO	63105

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule G (Form 990 or 990-EZ) OF ST. LOUIS, INC.	43-6061693 Page 4
Schedule G (Form 990 or 990-EZ) OF ST. LOUIS, INC. Part IV Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

HERBERT HOOVER BOYS & GIRLS CLUB

OF ST. LOUIS, INC.

Employer identification number 43-6061693

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2019

43-6061693

Page 2

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	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title	Name and Title (i) Base compensation		(ii) Bonus & (iii) Other reportable compensation		other deferred compensation	Deneiits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DR. FLINT FOWLER	(i)	185,148.	0.	0.	7,694.	5,410.	198,252.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

43-6061693

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

HERBERT HOOVER BOYS & GIRLS CLUB

Attach to Form 990.

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

OF ST. LOUIS, INC. Employer identification number 43-6061693

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		_	•
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contribu	ion an	lourite	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	22	170,402.	MARKET VALUI	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>AUCTION ITEMS</u>)	X	89	78,882.	FMV			
26	Other							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	ement 29				
					,		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a	\perp	_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash				_
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

HERBERT HOOVER BOYS & GIRLS CLUB

Schedule M	(Form 990) 2019 OF ST. LOUIS, INC.	43-6061693	Page 2
Part II	Supplemental Information. Provide the information required by Part Librar 30h, 32h, and	d 33 and whether the organiza	tion
	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of the number of items received.	combination of both Also com	nloto nloto
	this part for any additional information.	combination of both. Also comp	Siete
	this part for any additional morniation.		
_			
_			

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number 43-6061693

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 21ST CENTURY COMMUNITY LEARNING CENTERS, HAZELWOOD EAST HIGH SCHOOL SOUTHEAST MIDDLE SCHOOL, O'FALLON PARK RECREATION COMPLEX, GRANNEMANN ELEMENTARY SCHOOL CLUB, FERGUSON CLUB, RIVERVIEW GARDENS CLUB, $_{
m LEE}$ HAMILTON ELEMENTARY SCHOOL CLUB, ST. LOUIS INTERNSHIP PROGRAM, FERGUSON TEEN CENTER OF EXCELLENCE EXPENSES \$ 2,642,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 120,253. 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

932211 09-06-19

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) (2019)

Name of the organization HERBERT HOOVER BOYS & GIRLS CLUB 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 CO	ONSIDERATION OF
BEING IN CONFLICT IS PRECLUDING FROM PARTICIPATING IN D	ISCUSSIONS AND
DECISIONS ON THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERM	MINES THE
COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON AN INDI	EPENDENT ANALYSIS,
DONE BY THE BOYS AND GIRLS CLUBS OF AMERICA (BGCA), THAT	reviews relevant
SALARY SURVEYS AND COMPARABLE POSITIONS REGIONALLY AND I	NATIONALLY. THE
SALARY DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENT	TED IN THE
EMPLOYEE'S PERMANENT FILE. THE ANALYSIS FOR THE EXECUTIVE	/E 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 PO	OLICY AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

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

Employer identification number 43-6061693

OMB No. 1545-0047

Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (d) (f) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ADAMS PARK COMMUNITY CENTER - 43-1888292	_						
2901 N. GRAND AVENUE					HERBERT HOOVER		
ST. LOUIS, MO 63107	TO SUPPORT HHBGC OF STL	MISSOURI	501(C)(3)	LINE 12A, I	BOYS & GIRLS CLUB	Х	
MENTOR ST. LOUIS - 43-1713228							
2901 N. GRAND AVENUE	1				HERBERT HOOVER		
ST. LOUIS, MO 63107	MENTOR YOUTH	MISSOURI	501(C)(3)	LINE 7	BOYS & GIRLS CLUB	Х	
	-						
	_						

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

Schedule R (Form 990) 2019

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 domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets			amount in box	partn	er? OW	Percentage ownership
		country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	/es No	
										\vdash		
-												
										\vdash		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
		,						Yes	NO_

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

X

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
	d Loans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		Х			
	, , , , , , , , , , , , , , , , , , , ,									
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
-1	Performance of services or membership or fundraising solicitations for related organic				11	Х				
n	Performance of services or membership or fundraising solicitations by related organi				1m		Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X				
	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х			
·	, , , , , , , , , , , , , , , , , , , ,				•					
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on wh									
		(b)		(d)						
	(a) Name of related organization	Transaction	(c) Amount involved	Method of determining amount inv	olved					
		type (a-s)								
1)										
2)										
3)										
4)										
5)										
-,										
6)										
	3 09-10-19			Schedule I	R (Forr	n 990	2019			
		4.4		2-110-0010						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

932165 09-10-19 Schedule R (Form 990) 2019

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or HERBERT HOOVER BOYS & GIRLS CLUB print OF ST. LOUIS, INC. 43-6061693 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2901 NORTH GRAND AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63107 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DR. FLINT FOWLER The books are in the care of ▶ 2901 NORTH GRAND AVE. - ST. LOUIS, MO 63107 Telephone No. ► 314-335-8000 Fax No. ● If the organization does not have an office or place of business in the United States, check this box _______ ▶ | If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2020)

0.

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

3b