efile	G G F	RAPHIC	print - DO NOT PROCESS	As Filed Data -					DLN	l: 9349	3318067508
Form	00	20	Return of O	rganization E	xempt Fro	m Incom	ne	Тах		ОМВ	No 1545-0047
Form S	52	0	Under section 501(c), 5 foundations)	-	-				ivate	2	2017
	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>									en to Public nspection	
A Fo	or th	e 2017	calendar year, or tax year beg	ginning 01-01-2017	, and ending 12	-31-2017					
B Cheo	:k ıf a	applicable	C Name of organization CLAYTON CENTURY FOUNDATION	J				D Emp	loyer in	dentıfıcat	tion number
		change	CERTON CENTOR FOODATION	•				43-1	.64217	9	
□ Nar □ Init		-	Doing business as				_				
		rn/terminate						F Tolor	hone nu	umber	
		d return Ion pendir	Number and street (or P O box in 10 N BEMISTON AVE	f mail is not delivered to sti	reet address) Room	/suite					
Ш Арі	ncau	ion penuir	City or town, state or province, c	ountry, and ZIP or foreign	postal code			(314	1) 226-	9893	
			CLAYTON, MO 631051676					<b>G</b> Gros	s receip	ots \$ 3,885	5,725
			F Name and address of princ	ıpal officer		H(a) Is	this				<u>.</u>
			SARAH MELINGER PRES 10 N BEMISTON AVE			sul	bord	inates?			🗌 Yes 🗹 No
			CLAYTON, MO 631051676				e all Iude	subordi	nates		□Yes □No
I Tax	-exe	mpt statu	<sup>5</sup> 🗹 501(c)(3) 🗌 501(c)()	◀ (Insert no )	7(a)(1) or 527				i a list	(see ins	tructions)
JW	ebsi	te:► H	HTP //WWW CLAYTONCENTURYF	OUNDATION ORG			oup	exempt	ion nu	mber 🕨	
						L Year of fo					
K Form	n of o	organızatıc	n 🗹 Corporation 🗆 Trust 🗆 A	ssociation 📙 Other Þ		L Year of to	ormat	ion 199	MC		egal domicile
Pa	rt I	Sur	nmary								
	1	Briefly d THE CLA	escribe the organization's missior YTON CENTURY FOUNDATION SE I FOR EXCELLENCE THROUGH PR	RVES AS A NONPROFIT	T PARTNER TO THE	E CITY OF CLA ARKS AND SU	AYTO JSTA	N TO C	ATALY: ITY	ZE THE C	COMMUNITY'S
Activities & Governance											
/en/											
GOV			his box $\blacktriangleright$ if the organization	et asse							
×			r of voting members of the gover							3	27
ties			r of independent voting members umber of individuals employed in				• •			4	27
tim			umber of volunteers (estimate if r	· · ·			•••	_		6	50
AC			nrelated business revenue from P					-		7a	0
			elated business taxable income fi							7b	0
							Prio	r Year		Cu	Irrent Year
Q,	8 Contributions and grants (Part VI			1h)			2,6	18,219		1,827,258	
nuð	9 Program service revenue (Part VIII, line 2g)								0		0
enneven	10	Investn	nent income (Part VIII, column (A	ent income (Part VIII, column (A), lines 3, 4, and 7d )							
				ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							5,119
			venue—add lines 8 through 11 (r	•			2,755,424				1,845,540
			and similar amounts paid (Part I) s paid to or for members (Part IX					1,86	67,313 0		2,022,796
			, other compensation, employee			、			0		0
Expenses			ional fundraising fees (Part IX, co	ζ γ		/ <u> </u>			0		0
pen			draising expenses (Part IX, column (D								
EX			xpenses (Part IX, column (A), lin	·····				ļ	55,312		70,470
	18	Total ex	penses Add lines 13–17 (must e	equal Part IX, column (/	A), line 25)			1,92	22,625		2,093,266
	19	Revenu	e less expenses Subtract line 18	from line 12				8.	32,799		-247,726
Net Assets or Fund Balances						Beginn	ıng o	of Currer	nt Year	E	End of Year
sets alan	20	Total as	sets (Part X, line 16)					4 3'	27,860		2,694,253
d B:			abilities (Part X, line 26)						02,453		0
Fun			ets or fund balances Subtract lin						25,407		2,694,253
Par	t II	Sig	nature Block								
			perjury, I declare that I have exa lef, it is true, correct, and comple								
any ki			ier, iers erde, correct, and comple			nicer / is Dase	u un	an mio			Su hisharer IIas
			**				2018	-11-14			
Sign		Sign	ature of officer				Date	-11-14			
Here		SAR	AH MELINGER PRESIDENT								
			or print name and title								
			Print/Type preparer's name JEFFREY D PERSON	Preparer's signature		Date	Chec	k 🗌 ıf	PTIN	N 437219	
Paic				JEFFREY D PERSON		l	self-e	employed	1		
Prep			Firm's name RUBINBROWN LLP Firm's address ONE NORTH BRENTY	WOOD				s EIN 🕨			
Use	On	nly	SAINT LOUIS, MO				rnon	e no (31	14/290-	-3300	
			SALINT LOUIS, MO	03103							

May the IRS discuss this return with the preparer shown above? (see instructions) $\ .$		🗹 Yes 📙 No
For Paperwork Reduction Act Notice, see the separate instructions.	Cat No 11282Y	Form <b>990</b> (2017)

Form	990 (2	017)					Page <b>2</b>						
Par	t III	Statement of	Program Servic	e Accomplis	hments								
		Check if Schedul	e O contains a respo	onse or note to a	any line in this Part III		🗆						
1	Briefly	describe the orga	anızatıon's mission										
					PARTNER TO THE CITY ORY, PARKS AND SUST	OF CLAYTON TO CATALYZE THE CO	OMMUNITY'S PASSION						
					ort, TARKS AND 5051								
2	Dıd th	e organization un	dertake any significa	int program ser	vices during the year w	hich were not listed on							
	the pr	ior Form 990 or 9	90-EZ?				🗌 Yes 🗹 No						
	If "Yes	s," describe these	new services on Sch	nedule O									
3	Dıd th	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	servic	es?					🗌 Yes 🗹 No						
	If "Yes," describe these changes on Schedule O												
4	Sectio	n 501(c)(3) and 5		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,							
4a	(Code		) (Expenses \$	2,044,348	including grants of \$	2,001,796 ) (Revenue \$	5,119)						
Tu	•	dıtıonal Data	) (2000000	2,011,010	including grants of p	2,002,7.50 , (Norellae \$	5,115 /						
4b	(Code		) (Expenses \$	21,000	including grants of \$	21,000 ) (Revenue \$	)						
	See Ad	dıtıonal Data											
4c	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)						
	-												
4d		program services nses \$	(Describe in Schedu	ule O ) uding grants of	¢	) (Revenue \$	N						
	<b>,</b> , ,						)						
4e	rotal	program service	e expenses 🏲	2,065,3	40		Farma 000 (2017)						

Form 990 (2017)

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
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		No
	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🐒	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 😒	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😒	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸 .	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14ь		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	80	No
		F	orm <b>99</b>	<b>0</b> (2017)

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Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\cdot$ . $\cdot$ .	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 😒	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 991	n(2017)

Form **990** (2017)

Part V         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response or note to any line in the Part V         Image: Check if Schedule O contains a response or note to any line in the Part V           Is Exter the number of some W-36 reduces in the 1s & Exter -0- if not applicable         Image: Check if Schedule O contains a response or note to any line in the Part V           Is Exter the number of some W-36 reduces in the second set of the some of the sole or note of the power to the software set or reportable in the some of the sole or note on the power of the sole or note of the power or note on the power of the sole or note on the power of the sole or note on the power of the sole or not on the power of the sole or note on the power of the sole or note on the power of the sole or not on the power of the sole or note on the power of the sole or note on the power of the sole or not on the power of the sole or note on the power of the sole of the so	Form	990 (2017)			Page <b>5</b>					
Intervien         No           a Enter the number reported in Box 3 of Form 1006 Sites -0- if not applicable         1a         0           b Enter the number of Form W-2G included in No 1a & Ear Better -0- if not applicable         1a         0           c Dark to equation conduct with healty until Moleging and Tax Sitements 1, Med To the adapticable with the year available of the site of the sit	Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
1a       1a       0         1a       1a       0         b       1a       0         c       1b       1b       1b       0         c       1b       1b       1b       0       1b         c       1b		Check if Schedule O contains a response or note to any line in this Part V								
b       Enset: he number of Forms W-2G metudes in line 1.6 fast-of-ing applicable.       10				Yes	No					
c Did the organization comply with backup with oddy price for expanded payments to vidios and reportable gamma   2a Enter the number of angloyees exported on form: V-3, Transmittal of Yage and Trans. Statements, files for the condex year ending with or within the year exercered by the instrumtions)   2a Did the organization have under all and the organization in e a 1 neuron of anglo Did the organization in Schedule 0.   3a A any the dim g the condensity with did the organization in Schedule 0.   3b Trace, "near field a forms 90-7 for this year?" Note: In the 3a, provide an explanation in Schedule 0.   3b A any the dim g the condensity with, did the organization in Schedule 0.   3b A any the dim g the condensity with, did the organization in Schedule 0.   3c A than the dim g the condensity with, did the organization in Schedule 0.   3c A than the dim g the condensity with, did the organization in Schedule 0.   3c A than the dim g the condensity with, did the organization in Schedule 0.   3c A than the dim g the condensity with, did the organization in Schedule 0.   3c A than the dim g the condensity with a schedule schedule in the schedule or dimensity or the schedule or dimensity or dimensi	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0								
(gambing) wennings to prize winners?       Ic       Ic         2a       bits returned or inclusions exported on Fam W-3, Transmital of Wage and Tas Statements, filed or the clendar year ending with or within the year acvered by       Ic       Ic         3b       If it least one is reported on the 2a, dubt the organization is a leaguest federal employment tax returns?       3b       No         3b       Diff it least one is reported on the 2a, dubt the organization have an indexet, nor a septistive or other authority over, a functional accounty (subt as a bown account, secther account, or other mixed accounts, or other authority over, a functional accounty (subt as a bown account, secther account, or other authority over, a functional accounty (subt as a bown account, secther account, or other authority over, a functional accounts, (FBAR)       Sa       No         3c       Was the organization have a rule during the tax year?       Sa       No         3c       No       No       Sa       No         3c       No       No       Sa       No         3c       No       No       Sa       No         3c       No       Sa       No       Sa       <	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
Tas Statements, field for the calendar year ending with or within the year covered by       21       21         b If at least one is reported on line 2a, d the organization is all required field at envirtucions)       2a       No         3a bd the organization have unrelated business prosinic come of \$1,000 or more during the year?       2b       3a       No         3b D If 'Ns, 'ns, it field a form 3000 Tork this year?       3a       No       3a       No         3a that any time during the calendar year, due the organization in a sequent a service, yearwhite account, or where financial accounts (FBAR)       3a       No         3b If 'Ns, 'ns, 'ns the base provided tax shelter transaction at any time during the tax yea?       4a       No         3c If 'Yss, 'ns the same of the foreign country, base or sa party to a prohibid tax shelter transaction?       5a       No         5c If 'Yss, 'ns the same of the foreign country, base or same prohibid tax shelter transaction?       5a       No         5c If 'Yss, 'ns that may reasive deductible contributions?       5a       No         6a Uf 'Yss, 'did the organization include with every solicitation an express ratement that acc' contributions or g fts were did       5c       5a       No         70 Organizations that may reasive deductible contributions?       7a       7a       7a       7a       7a         7a       Organization nucles with every solicitation an express ratement that acc' contra	С		1c							
b Tal back one or sported on the 2.8, and the organization field ensured fideral employment tax returns?       20         3a bit the organization have unrelated business gross income of \$1.000 or more during the year?       3a         3b bit the organization have unrelated business gross income of \$1.000 or more during the year?       3a         4b At any time during the calendar year, dub the organization have an interest in, or a signature or other subhorty over, a financial account?       4a         4b If "Yea," inclusion and party to a prohibed tax shelter transaction at any time during the tax year?       5a         5a Was the organization or party to a prohibed tax shelter transaction at any time during the tax year?       5a         5a Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form \$856-77       5a         6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form \$856-77       5a         6b       7a       10°         7b Tray," of the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form \$856-87       6b         7c       11° Wa," (dd the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization file form \$200 at the organization file	2a	Tax Statements, filed for the calendar year ending with or within the year covered by								
Note:         It is a model of a sequence of a sequenc			26							
b       If "Yes," has a triad a form 900-Tire This year?If "Wor to be 2b, provide an exclanation in Schedule 0       3b       3b         4a       At any time during the calendar year, cit the organization have an interest in, or a signature or other statubently over, a financial account)"       3b       4a       No         5a       Was the organization for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       No         5a       Was the organization that was on is a party to a prohibited tax sheler transaction at any time during the tax year?       5a       No         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization receive a directible as chartable contributions or offs were not tax delicatible?       5a       No         6b       5c       5a       No         7 Organization neave annual gross receipts that are normally greater than \$100,000, and did the organization receive a purptient on ecross of \$27 mid aparty as a conchultion and anaty for goods and serveer provided to the payor?       7a       No         9 Di the organization receive a purptient on ecross of \$27 mid aparty as a conchultion and anaty for goods and serveer provided to the againation receive a purptient on ecross of \$27 mid aparty as a conchultion and anaty for goods and serveer provided to the organization receive a purptient on ecross of \$27 mid aparty as a conchultion and party for which it was required to file form \$282 filed during the year .       7d       No         7d	D		20							
4a Are yound during the calendar year, dot the organization have an interest in, or a signature or other suthorty view, a financial account)?       4a       No         5 If 'Yea,' and the name of the foreign county. •       -       4a       No         5 are instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       No         5 are instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       No         5 a Orea the organization requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       No         5 a Desk the organization have anual gross receipts that are normally greater than \$100,000, and did the organization file Form 8895-T?       5a       No         6 Do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8895-T?       5a       No         7 Organizations that may receive deductible contributions under section 170(c).       3b       Did the organization nedue with every solicitation an exercise statement that such control for file       7a       No         7 Organizations that may receive deductible contributions under section 170(c).       3b       Did the organization nedue with every or the sode or services provided?       7a       No         7b       17 'ves,' in due arganization site, company, due they arganization site, company, due they arganization site, company, due they arganization sec	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
fmmcial account in a foreign country (such as a bank account, securities account, or other financel account)?       4a       No         b If "Yes," enter the name of the foreign country.       5a       5a       5a         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)       5a       No         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       No         5a       Def any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction?       5a       No         6a       Des the organization have annual gross recepts that are normally greater than \$100.000, and did the organization isolic any contributions that were not tax deductible as chantialitie contributions and party to a prohibited tax shelter transaction?       5a       No         7       Organization state may receive deductible contributions under section 170(c).       7a       No         9       If "Yes," idid the organization net/f the donor of the value of the goods or services provide?       7a       No         7       Date the organization sells, exchange, or otherwas dispose of tangole personal property for which it was requered to fie from 8222 field during the year       2d       7c       No         7       Did the organization secure any funds, directly or indirectly, to a personal benefit contract?       7f       No <td< td=""><td>b</td><td>If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O</td><td>Зb</td><td></td><td></td></td<>	b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) <ul> <li>Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Sa Mas the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Sa Mas the organization aparty to a prohibited tax shelter transaction at any time during the tax year?</li> <li>Sa No</li> <li>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>Sa No</li> <li>Sa Constitutions that were not tax deductible contributions?</li> <li>So the organization receive a payment in excess of \$75 modes achartable contributions or offs were payments in excess of \$75 modes achartable contributions and partly for goods and services 7a</li> <li>No</li> <li>Dif the organization neceve a payment in excess of \$75 modes of the organization receive a payment in excess of \$75 modes of the organization receive any finds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>Did the organization receive any finds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>Form 8282?</li> <li>No</li> <li>Sponsoring organizations maintaining domera advised funds.</li> <li>Sponsoring organization shall were any taxeble distributions under socies busings at any time during the year?</li> <li>Sponsoring organization maintaining domera advised funds.</li> <li< td=""><td>4a</td><td colspan="9"></td></li<></ul>	4a									
b Did any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       No         c If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T?       5c       5c         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization or form were not tax deductible contributions?       5c       6a       No         5 J F'yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services revide?       7a       No         7 Organizations that may receive deductible contributions under section 170(c).       Did the organization network parametin excess of 57 made partly as a contribution and partly for goods and services for were or the based schedule as a contribution of the value of the goods or services provided?       7b       7c       No         9 Did the organization network promote the donot or fue value of the goods or services provide?       7b       7c       No         16 'Yes,'' did the organization network forms 622 filed during the year.       7d       7c       No       7c       No         17 (Fe,''' have organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?       7f       No         16 the organization receive a contribution of casi, boats, arplines, or their vehicles, fuil the organization file a form 10989 as requinted?       7d       No	b									
b Did any taxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       No         c If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T?       5c       5c         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization or form were not tax deductible contributions?       5c       6a       No         5 J F'yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services revide?       7a       No         7 Organizations that may receive deductible contributions under section 170(c).       Did the organization network parametin excess of 57 made partly as a contribution and partly for goods and services for were or the based schedule as a contribution of the value of the goods or services provided?       7b       7c       No         9 Did the organization network promote the donot or fue value of the goods or services provide?       7b       7c       No         16 'Yes,'' did the organization network forms 622 filed during the year.       7d       7c       No       7c       No         17 (Fe,''' have organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?       7f       No         16 the organization receive a contribution of casi, boats, arplines, or their vehicles, fuil the organization file a form 10989 as requinted?       7d       No	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
c     If "Yes," to line 5a or 5b, dd the organization file Form 8585-17     5c     5c       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization on solicit any contributions that were not tax deductible as chartable contributions?     5c     5c       7     Organizations that are normally greater than \$100,000, and did the organization on clude with every solicitations and every solicitations?     7a     No       7     Organizations that may receive deductible contributions under section 170(c).     Did the organization net/fv the donor of the value of the goods or services provided?     7a     No       7     Organization sell, exchange, or otherwise dispose of tangible personal property for which it was recurred to frie form 8282?     7c     No       7     Did the organization receive a contribution of qualified intellectual property, for which it was recurred to frie form 8282 field duing the year     7d     7c     No       7     Did the organization receive a contribution of qualified intellectual property, did the organization file a form 1098-10°     7d     7d     No       7     Did the organization received a contribution of dailfied intellectual property, or related person?     9a     9b     7d       8     Sponsoring organization makere any taxable distributions under section 4966?     9a     9b     7d       9a     Did the proganization makere any taxable distributions uner execes business holdings at any time during the year?										
62       Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization       5c         63       Does the organization set were not tax deductible as charitable contributions?       6a       No         64       To organization set were not tax deductible contributions?       6a       No         7       Organization receive a payment mexcess of \$25 made patry as a contribution and partly for goods and services provided to the payor?       7a       No         7       Did the organization network eductible contributions and partly as a contribution and partly for goods and services provided?       7a       No         7       Did the organization network eductible contributions and partly as a contribution and partly for goods and services provided?       7b       7c       No         6       Did the organization network eductible contracts       7d       7c       No         7       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       No         7       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1099 contravition analytane by the sponsoning organization matched by the sponsoning organization file a Form 9839 as integratery and the sponsoning organization matched by the sponsoning organization matchea by the sponsoning organization mexerces (Do			50							
solicit any contributions that were not tax deductible as chartable contributions? <ul> <li>if "vsc," id the organization micked with every solicitation an express statement that such contributions or gifts were not tax deductible?</li> <li>if "vsc," id the organization receive a payment in excess of 357 made partly as a contribution and partly for goods and services provided to the payor?</li> <li>if "vsc," idicate the number of Form S202 field during the year</li> <li>if due organization, during the year, pay premiums of a personal benefit contract?</li> <li>if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>if the organization receive a origination of cars, boats, arplanes, or other vehicles, did the organization file a Form 1998-C?</li> <li>if the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?</li> <li>if the organization received a contribution of advised funds.</li> <li>bid the sponsoring organization make any taxable distributions under section 4966?</li> <li>bid the sponsoring organization make any taxable distributions under section 4966?</li> <li>if the sponsoring organization make any taxable distributions under section 4966?</li> <li>bid the sponsoring organization make any taxable distributions under section 501(c)(2) organizations. Enter</li> <li>Gross income from members or shareholders</li> <li>if "ysc," enter the amount of tax-exempt interest received or accrued duing the year?</li> <li>if a section 501(c)(2) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additorial information the organization instregore on Schedu</li></ul>	С		5c							
not tax deductibe <sup>7</sup> 66         7       Organizations that may receive deductible contributions under section 170(c).       60         1       Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and service.       7a         1       Did the organization netry the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 62827.       7c       No         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       No         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       No         f       Did the organization received a contribution of cars, basts, arplanes, or other vehicles, did the organization file a Form 1099-C?       7d       No         g       If the organization maintaining doror advised funds.       7h       7h       7h         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         g       Did the sponsoning organization sincluded on Part VIII, line 12, for public use of club facilities       10a       10b       10b         g       Sponsoring organization make any taxable distributions under sources       <	6a		6a		No					
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services       7a       No         b       If "Nes," idit to organization notify the donor of the value of the goods or services provide?       7b       7c       No         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282?       7d       7c       No         d       If "Yes," indicate the number of Forms 8282 filed duming the year       7d       7c       No         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required?       7h       No         f       Did the organization received a contribution of cars, boats, anrplanes, or other vehicles, did the organization file Form \$99 as required?       7h       No         g       Did the sponsoring organization maintaining donor advised funds.       7h       No         9a       Did the sponsoring organization make a distribution to adoner, donor advisor, or related person?       9b       9a         10       Bection \$01(c)(12) organizations. Enter       10a       10b       10b       10a         11       Section \$01(c)(12) organizations.	b	not tax deductible?	6b							
provided to the payor?       7         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as       7         g If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?       7         b Did th eponsoring organization make any taxable distributions under section 4966?       .       9         a Did the sponsoring organization make any taxable distributions under section 4966?       .       9         b Gross income from members or shareholders       .       .       10       .         13 Section 501(c)(7) organizations. Enter       10a       .       .       .       .         a Gross income from other sources (Do not net amounts due or paid to other sources (Do not net amount of tax-exempt interest received or accrued during the year       .       .       .       .         13 Section 501(c)(29) qualified nonprofit he	-									
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       No         d       If "Yes," indicate the number of Forms 8282 filed during the year	а		7a		No					
Form \$282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ . $\ldots$ .	7b							
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       No         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?       7h       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?       9a       <	С		7c		No					
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7e       No         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund amintained by the sponsoring organization have excess business holdings at any time during the year?       8       9a       9a       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9a       9b       9b       9b       9a       9b       9b       9b       9a       9b	d	If "Yes," indicate the number of Forms 8282 filed during the year								
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       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         9a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter       10a         11       Section 501(c)(12) organizations. Enter       10a         11       Section 501(c)(12) organizations. Enter       11a         11       Section 501(c)(12) organizations. Enter       11a         11       Section 501(c)(12) organizations. Enter       11a         12       Section 501(c)(12) organizations. Enter       11a         13       Gross income from members or shareholders       11b       12a         12       Section 501(c)(12) organizations. Enter       11b       12a         13       Section 501(c)(12) organizations. Enter       11b       12a         14       Section 501(c)(12) organization flow or advised form them )       12a       12a         13 <td>e</td> <td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td> <td>7e</td> <td></td> <td>No</td>	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 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?       7g         9a Did the sponsoring organization make any taxable distributions under section 4966?       9a         9b Did the sponsoring organizations. Enter       9a         10 Section 501(c)(7) organizations. Enter       10a         11 Section 501(c)(12) organizations. Enter       10a         12 Section 501(c)(12) organizations. Enter       11a         13 Section 501(c)(12) organizations. Enter       11a         14 Gross income from members or shareholders       11a         15 Gross income from members or shareholders       11a         16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
1098-C?       7h         8       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         9a       9a       9a         9a       9a       9a         9b       9b       9b         10       Section 501(c)(7) organizations. Enter       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         10       Section 501(c)(12) organizations. Enter       10a         a       Gross income from depression of the sponsoring organization. Enter       11a         a       Gross income from members or shareholders       11a         11       Section 501(c)(12) organizations. Enter       11a         a       Gross income from members or shareholders       11a         12       Section 501(c)(12) organizations. Enter       11a         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11a       11b         123       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?Note. See the instructions for additional information the organization in	g		7g							
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10 Section 501(c)(7) organizations. Enter       10a       10b       10b         a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       10b         11 Section 501(c)(12) organizations. Enter       10b       10b       11a       10b         a Gross income from members or shareholders       .       .       11a       10b       12a         12a Section 501(c)(12) organizations. Enter       11a       12b       12a       12a       12a         13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O       13a       13a         a Enter the amount of reserves on hand       .       13a       13a       13a	h		7h							
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter       11a       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11b       12a       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand       13c       14a       No	8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	8							
10       Section 501(c)(7) organizations. Enter         a       Initiation fees and capital contributions included on Part VIII, line 12	9a	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a							
10       Section 501(c)(7) organizations. Enter         a       Initiation fees and capital contributions included on Part VIII, line 12			9b							
a Initiation fees and capital contributions included on Part VIII, line 12										
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11b       11b         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves on hand	а									
11       Section 501(c)(12) organizations. Enter         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13b         14a       No										
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11b       11b         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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )										
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a       Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule 0       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b									
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand		If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
additional information the organization must report on Schedule O       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	13									
which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	а		13a							
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No	b									
	с	Enter the amount of reserves on hand								
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> <b>14b</b>	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b							

Form <b>990</b> (2017)
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Form	990 (2017)			Page <b>6</b>
Par	<b>t VI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		$\checkmark$
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 27		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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		No
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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable), 000, and 000 T (501(c)/2)s only)			
18	available for public inspection Indicate how you made these available Check all that apply			
	📙 Own website 🔛 Another's website 🗹 Upon request 📙 Other (explain in Schedule O)			

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ▶PATTY DEFORREST 10 N BEMISTON CLAYTON, MO 631053304 (314) 290-8443

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(Ŵ- 2/1099- MISC)	related organizations	
See Additional Data Table											
				-				•		Earm 000 (2017)	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours	than c ıs b	one bo	ox, u n ofi	t che inles ficer	and a	on	Repo compe fror organiz	<b>D)</b> ortable ensation n the ation (W-	(E) Reportable compensatior from related organizations (\	w-		
		for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	) (	organizati relat organiza	ed
See A	Additional Data Table													
сT	ub-Total	art VII, Sectio			•		> > >			0		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos					rece	eived moi	-		<u> </u>		
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>				ey ei •	mplo	oyee, c	or hig	ghest con	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the	3		110
	ındıvıdual		• •	·	•	•	• •	•	• •	• •	••••	4		No
5	Did any person listed on line 1a receiv services rendered to the organization									ion or indi	vidual for	5		No
<u>Se</u>	ction B. Independent Contract Complete this table for your five high		dundon	ondor	+	ntra	store t	-h-+	recoved	more then	#100.000 of cor			
	from the organization Report comper	isation for the c									n's tax year	npens		
	Name a	(A) and business addre	255							Desc	(B) ription of services		<b>(C</b> Comper	
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

### Form 990 (2017)

Part VIII Statement of Revenue

Page **9** 

	Check if Schedul	le O contains a resp	onse or note to any l	ine in this Part VIII	. <b></b>		<u></u>
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	<b>1a</b> Federated campaig	ns <b>1</b> a			revenue		512-514
ons, Gifts, Grants Similar Amounts	<b>b</b> Membership dues		<u> </u>				
rar ou	<b>D</b> Fieldbership dues						
9 E	c Fundraising events						
iifts ar	d Related organizatio						
n in C	e Government grants (co						
utions ler Si		, gifts, grants, ot included <b>1f</b>	1,827,258				
Contributions, Gifts, and Other Similar A		1,6	48,090				
<u>ت</u> ہ	h Total.Add lines 1a-1	.t		1,827,258			
ЯIE	_		Business	Code			
Program Service Revenue	2a						
å	ь ———						
MCE	c						
Ser	d						
E	e						
ogra	<b>f</b> All other program se	rvice revenue					
Ĕ	gTotal.Add lines 2a-2i	f	•				
	<b>3</b> Investment income (ii	ncluding dividends,	interest, and other	52.24			52.240
	sımılar amounts)		•	53,340			53,340
	4 Income from investme	-		[			
	5 Royalties						
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	- Dental means or						
	c Rental income or (loss)						
	<b>d</b> Net rental income o	r (loss)	· · · ▶	1			
		(I) Securities	(II) Other		_		
	<b>7a</b> Gross amount from sales of assets other than inventory	2,000,00	3				
	b Less cost or other basis and sales expenses	2,040,18	5				
	C Gain or (loss)	-40,17	7				
	<b>d</b> Net gain or (loss) .		▶	-40,17	7		-40,177
e	8a Gross income from f (not including \$	undraising events of					
Other Revenue	contributions reporte See Part IV, line 18						
č	<b>b</b> Less direct expense						
her	c Net income or (loss)		vents 🕨	r			
õ	<b>9a</b> Gross income from g See Part IV, line 19	aming activities					
	<b>b</b> Less direct expense						
	<b>c</b> Net income or (loss)	from gaming activ	ties 🕨				
	<b>10a</b> Gross sales of invent returns and allowand	ces	9				
	<b>b</b> Less cost of goods s	sold	p				
	<b>c</b> Net income or (loss)	from sales of inve	ntory ►	-			
	Miscellaneous	Revenue	Business Code				
	11a <sub>MISCELLANEOUS</sub>		900099	5,093	3 5,093		
	<b>b</b> MERCHANDISE SALE	ES	453220	20	5 26		
	c						
	d All other revenue .						
	e Total. Add lines 11a	-11d	🕨	5,119	9		
	12 Total revenue. See	Instructions .	· · · · •	1,845,540	5,119		0 13,163

Form **990** (2017)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Dо 7Ь,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraısıngexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,022,796	2,022,796	5 1	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
i	a Management				
I	b Legal				
	c Accounting	3,000		3,000	
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,901	26,901		
12	Advertising and promotion	13,031			13,031
13	Office expenses	18,461	9,231		9,230
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	6,420	6,420		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	1,582		1,582	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a BANK FEES	1,075		1,075	
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,093,266	2,065,348	5,657	22,261
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX 🔒 .			<u> 🗆 </u>
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		217,743	1	116,787
	2	Savings and temporary cash investments	[		2	
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali		5		
s	6	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete		6	
et	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .		1,600,000	11	350,000
	12	Investments-other securities See Part IV, line	11	2,500,001	12	2,224,475
	13	Investments—program-related See Part IV, line	e 11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	[	10,116	15	2,991
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	4,327,860	16	2,694,253
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	F		18	
	19	Deferred revenue	f		19	
	20	Tax-exempt bond liabilities	[		20	
ŝ	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ab		persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,502,453	25	0
	26	Total liabilities.Add lines 17 through 25 .	. Γ	1,502,453	26	0
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		2,825,407	27	2,694,253
3a l	28	Temporarily restricted net assets	[		28	
d E	29	Permanently restricted net assets	F		29	
Fund		Organizations that do not follow SFAS 117	(ASC 958),			
or	30	check here > and complete lines 30 th Capital stock or trust principal, or current funds	rough 34.		30	
ets	31	Paid-in or capital surplus, or land, building or ec	—		31	
Assets	32	Retained earnings, endowment, accumulated in			32	
	33	Total net assets or fund balances	· · · -	2,825,407	33	2,694,253
Net	34	Total liabilities and net assets/fund balances		4,327,860	34	2,694,253
	_					Form <b>990</b> (2017)

Form	990 (2017)		
Par	t XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	
Par	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
1	Accounting method used to prepare the Form 990 🛛 🗹 Cash 🔲 Accrual 🗌 Other		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	n a	
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		26
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both	basis,	
	Separate basis Consolidated basis Both consolidated and separate basis		

- c 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?
   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

No

**2**c

3a

Зb

Page 12

1,845,540 2,093,266 -247,726 2,825,407 116,572

0

2,694,253

No

No

No

Yes

. . .

#### **Additional Data**

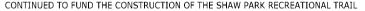
## Software ID: Software Version: EIN: 43-1642179 Name: CLAYTON CENTURY FOUNDATION

Form 990 (2017)

#### Form 990, Part III, Line 4a:

ASSIST THE CLAYTON COMMUNITY BY SUPPORTING KEY PROJECTS ONE PROJECT WAS THE NORTH HILL PROJECT AT SHAW PARK (CHAPMAN PLAZA AND GARDENS)





# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo boti	t che ix, u n an or/tr	mession with the structure of the struct	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JJ FLOTKEN PRESIDENT	4 00	x		x				0	0	0
STEVEN ROSENBLUM CHAIR MAJOR GIFTS	4 00	x		×				0	0	0
BECKY PATEL CHAIR COMMUNITY BUILDING	4 00	x		x				0	0	0
GARY KROSCH TREASURER	4 00	x		x				0	0	0
SARAH MELINGER CHAIR PHILANTHROPY	4 00	x		x				0	0	0
CINDY RAPPONOTTI CHAIR BOARD DEVELOPMENT	4 00	x		x				0	0	0
GARY FEDER LEGAL ADVISOR	4 00	x		x				0	0	0
JUDY GOODMAN IMMEDIATE PAST PRESIDENT	4 00	x		x				0	0	0
CINDY BERGER DIRECTOR	1 00	x						0	0	0
JASON BRAIDWOOD DIRECTOR	1 00	x						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both ecto	che x, u n an or/tru	m ss ce Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BARBARA BRINKMAN DIRECTOR	1 00	x						0	0	0
JOE DOWNS DIRECTOR	1 00	x						0	0	0
JOSH FERGUSON DIRECTOR	1 00	x						0	0	0
JILL FISHER DIRECTOR	1 00	x						0	0	0
STEPHANIE GROSS DIRECTOR	1 00	x						0	0	0
MICHELLE HARRIS DIRECTOR, UNTIL 04/17	1 00	x						0	0	0
GEORGE HETTICH DIRECTOR	1 00	x						0	0	0
JANET HORLACHER DIRECTOR	1 00	x						0	0	0
JANE KLAMER DIRECTOR	1 00	x						0	0	0
CATHY KRANE DIRECTOR	1 00	x						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	<b>(B)</b> Average hours per week (list any hours	pers	an òn on is	e bo boti	t che ox, u h an	eck me inless office ustee)	۰r	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KATIE LERWICK DIRECTOR	1 00	х						0	0	0
JOHN MCCORMICK DIRECTOR	1 00	х						0	0	0
ROBERT PASTER DIRECTOR	1 00	x						0	0	0
MARTA TOCZLOWSKI DIRECTOR	1 00	x						0	0	0
CHERYL VERDE DIRECTOR	1 00	х						0	0	0
CINDY WALLACH DIRECTOR	1 00	х						0	0	0
CORDELL WHITLOCK DIRECTOR	1 00	х						0	0	0
MIKE ZACCARELLO DIRECTOR	1 00	х						0	0	0

efile GRAPHIC print - DO N				T PROCESS	As Filed Data -		DLN: 9349331806750				
SCI	HED	ULE A		Public	Charity Statu	is and Pul	alic Sunn	ort	OMB No 1545-0047		
	m 99		Cor		rganization is a sect				2017		
990I	EZ)			-	4947(a)(1) nonexe ► Attach to Form	empt charitable	trust.		<b>4</b> 01/		
Depart	iment of	the Treasury	► Inf	ormation abou	ut Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public		
Interna	il Reven	ne Service ne organiza	tion		<u>www.irs.g</u>	<u>ov/form990</u> .		Employer identifi	Inspection cation number		
		TURY FOUND									
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S	43-1642179 See instructions.			
					e it is (For lines 1 thro						
1		A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Scl	hedule E (Form 9	90 or 990-EZ) )				
3		A hospital o	or a cooperat	ive hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).			
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	Enter the hospital's		
5		(b)(1)(A)	( <b>iv).</b> (Ċompl	ete Part II )	it of a college or unive				ibed in <b>section 170</b>		
6		A federal, s	tate, or loca	government or	r governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	(v).			
7	$\checkmark$	section 17	'0(b)(1)(A)	(vi). (Complete	,		-	init or from the genei	al public described in		
8		A communi	ty trust desc	rıbed ın <b>sectioı</b>	n 170(b)(1)(A)(vi)	(Complete Part I	I )				
9					escribed in <b>170(b)(1)</b> See instructions Enter				lege or university or a		
10		An organization that normally receives (1) more than 331/3% 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 331/3% 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)									
11		An organiza	ation organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	l organizations	d exclusively for the bo described in <b>section 5</b> the type of supporting	509(a)(1) or se	ction 509(a)(2	). See section 509(			
а		<b>Type I.</b> A s organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		<b>Type II.</b> A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar						
с		Type III f	unctionally	integrated. A	supporting organizatio ions) <b>You must com</b>				ated with, its		
d		functionally	integrated	The organizatio	d. A supporting organ in generally must satis rt IV, Sections A and	fy a distribution	requirement and				
e		Check this	box if the org	, ganızatıon recei	ved a written determir integrated supporting	nation from the I		ре I, Туре II, Туре II	II functionally		
f	Enter	the number	of supported	d organizations	· · · · ·			_			
g					upported organization(						
	(1) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(IV) Is the org In your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tete											
Tota For F		vork Reduc	tion Act No	tice, see the T	nstructions for	Cat No 11285	1 5F 9	Schedule A (Form 9	 990 or 990-EZ) 2017		
		or 990-EZ.							<b></b> , <b></b> , <b></b> ,		

# Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix) (b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 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.)

S	ection A. Public Support							
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
	(or fiscal year beginning in) ►	(-)	(-)	(-)	(-)	(-)		(1) 10101
1	Gifts, grants, contributions, and membership fees received (Do not	457,732	149,797	800,475	144,801		179,169	1,731,974
	include any "unusual grant ")	107,702	113,737	000,170	111,001		1/ 5,105	1,101,01
	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	453 322	140 707	000 475	144.001		170.160	1 721 074
	Total. Add lines 1 through 3	457,732	149,797	800,475	144,801		179,169	1,731,974
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							232,133
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							1,499,841
	line 4							1,499,641
S	ection B. Total Support							
	Calendar year	(a)2013	(b)2014	(c)2015	(d)2016	(e)2	2017	(f)Total
-	(or fiscal year beginning in) ►	457 722	140 707	900 475	144.001		170.160	1 721 074
7	Amounts from line 4	457,732	149,797	800,475	144,801		179,169	1,731,974
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and	117		7,320	40,012		53,340	100,789
	income from similar sources							
9	Net income from unrelated business							
-	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets	833						833
	(Explain in Part VI )							
11	Total support. Add lines 7 through 10							1,833,596
1 2	Gross receipts from related activities, e	L (see instructio	ns)			112		7.036
						12	<u>i</u>	7,836
13	First five years. If the Form 990 is fo	-						nızatıon,
	check this box and <b>stop here</b>						▶Ц	
S	ection C. Computation of Public	: Support Perce	entage					
14	Public support percentage for 2017 (lin	ie 6, column (f) di	vided by line 11, c	olumn (f))		14		81 800 %
15	Public support percentage for 2016 Sch	nedule A, Part II, l	ine 14			15		60 450 %
	33 1/3% support test-2017. If the			on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	
	and <b>stop here.</b> The organization quali					,		
Ь	33 1/3% support test-2016. If the				and line 15 is 33 1/	3% or m	hore, check	
	box and <b>stop here.</b> The organization	-			,		····, ····	
17-	10%-facts-and-circumstances test				e 13 16a or 16b	and line	<u>1</u> 4 د	
17a	is 10% or more, and if the organization	meets the "facts	-and-circumstance	s" test, check this	box and <b>stop he</b>	re. Expla	ain	
	in Part VI how the organization meets							
	organization			<b>_</b>		7 TF		▶□
	10%-facts-and-circumstances tes	+	anization did not	check a box on lu	ne 13 165 166 5	r 17	nd line	
D	15 is 10% or more, and if the organiz						nu nne	
	Explain in Part VI how the organizatio						ıclv	
	· · ·							
	supported organization Private foundation. If the organization	on did not chock a	box on line 12 16	a 166 17a or 1		and coo		
18		л чи пот спеск а	box on line 13, 16	a, 100, 17a, OF 1.	D, CHECK CHIS DOX	anu see		
	Instructions							

### 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						
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ►	(u) 2015	(0) 2011	(0) 2015	(4) 2010	(0) 2017	(i) iotai
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						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 a	3 received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
~	13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6 )						
Se	ction B. Total Support			1	1		
	Calendar year						
	(or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
Ŀ	income from similar sources Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
14	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			and family and file	 	 	
14	First five years. If the Form 990 is fo	r the organization	s first, second, ti	nira, fourth, or fift	n tax year as a se	$\operatorname{sction} \operatorname{SUI}(C)(3) \operatorname{o}$	
	check this box and <b>stop here</b>						▶⊔
Se	ction C. Computation of Public					- I - I	
15	Public support percentage for 2017 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2016 S	ichedule A, Part II	II, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 201	L7 (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 2	•		· ·		18	
	<b>331/3% support tests—2017.</b> If the		•	on line 14 and lin	e 15 is more ther		e 17 is not
							_
	more than 33 1/3%, check this box and s	-	-				
b	<b>33</b> 1/3% support tests—2016. If the	-					_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	
20	Private foundation. If the organization	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	
			· ·			a A (Earm 000 c	000 531 0013

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

No 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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) 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 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 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) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a 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. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	son 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		

#### Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 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.
- 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

#### Section C. Type II Supporting Organizations

		Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			

#### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔲 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
- c 🛛 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test Answer (a) and (b) below.

1

а	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was ponsive 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 <b>Part VI</b> the reasons for the organization(s) would have been engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these endeged in the endege			
	involvement	<b>2</b> b		L

- **3** Parent of Supported Organizations **Answer (a) and (b) below.** 
  - a 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.*
  - **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

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
<ol> <li>Amounts paid to supported organizations to accomplish</li> </ol>	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	ons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
<ul> <li>8 Distributions to attentive supported organizations to whether details in Part VI) See instructions</li> </ul>	nich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2017 from Section C, line 6			
<b>10</b> Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2013			
<b>b</b> Excess from 2014			
<u>c</u> Excess from 2015			
d Excess from 2016			
	I	í	1

Schedule A (Form 990 or 990-EZ) (2017)

## **Additional Data**

## Software ID: Software Version: EIN: 43-1642179

Name: CLAYTON CENTURY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2017

Page **8** 

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

	le GRAPHIC pi HEDULE D		ntal Financial Statements	DL	OMB No         1545-0047			
	m 990)	Supplement Complete if the or	D <i>,</i>	2017				
Depa	rtment of the Treasury	Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990.	12b.	Open to Public			
	nal Revenue Service	-	rm 990) and its instructions is at <u>www.ii</u>					
	me of the organ	ntification number						
Pa	art I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	43-1642179				
		te if the organization answered "Ye						
			(a) Donor advised funds	<b>(b)</b> Funds	and other accounts			
1	Total number at	,						
2		of contributions to (during year)						
3		of grants from (during year)						
4	Aggregate value				L -			
5	organization's p	roperty, subject to the organization's ex	-		ne 🗌 Yes 🗌 No			
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can r or donor advisor, or for any other purpose c		nissible			
Pa	rt III Conser	vation Easements. Complete if th	he organization answered "Yes" on Forn	n 990, Part IV,	line 7.			
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that apply)					
	Preservati	on of land for public use (e g , recreation	n or education) 🛛 🗌 Preservation of an	historically impo	rtant land area			
	Protection	of natural habitat	Preservation of a c	ertified historic s	tructure			
	🗌 Preservati	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the for		tion the End of the Year			
а								
b	Total acreage re	stricted by conservation easements		2b				
с	Number of conservation easements on a certified historic structure included in (a) 2c							
d	d       Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register       2d							
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguished, or terminated by <sup>.</sup>	the organization	during the			
4	Number of state	es where property subject to conservation	on easement is located ►					
5		zation have a written policy regarding t at of the conservation easements it hold	he periodic monitoring, inspection, handling o s?	of violations,	🗌 Yes 🗌 No			
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easei				
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements	s during the year			
8	Does each cons		) above satisfy the requirements of section 1	70(h)(4)(B)(ı)				
9	and section 170 In Part XIII, des	scribe how the organization reports cons	servation easements in its revenue and exper	nse statement, a	<b>Yes No</b>			
	the organization	's accounting for conservation easemen						
Pa		zations Maintaining Collections te if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar As	sets.			
1a	If the organizat art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for	L6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f ncial statements that describes these items					
b	If the organizat historical treasu	ion elected, as permitted under SFAS 11	L6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth					
I	-	led on Form 990, Part VIII, line 1		▶\$				
(	ii)Assets included	ın Form 990, Part X		▶ \$				
2	If the organizat		ical treasures, or other similar assets for final 116 (ASC 958) relating to these items	ncial gain, provid	e the			
а	Revenue include	ed on Form 990, Part VIII, line 1		► \$				
b	Assets included in Form 990, Part X							

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

Cat No 52283D Schedule D (Form 990) 2017

e Other .

. .

Sche	edule D (Form 990) 2017							Page <b>2</b>
Par	t III Organizations Maintaining Col	lections of Art, Histori	ical T	reasures, o	r Other	Similar A	ssets (conti	nued)
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other records, check	any of	the following	that are a	sıgnıfıcant	use of its coll	ection
а	Public exhibition	d		Loan or exch	ange prog	rams		
b	Scholarly research	e		Other				
С	Preservation for future generations							
4	Provide a description of the organization's col Part XIII	lections and explain how the	ey furt	her the organi	zation's e>	empt purpo	ose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					lar	🗌 Yes	
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		, Part	IV, line 9, o	r reporte	d an amo	unt on Forn	1 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary for	contri	butions or oth	er assets i	not	🗌 Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table			4	Amount	
c	Beginning balance	and complete the following	Lable		1c	-		
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line 21 for	escrov	v or custodial a	account lia	ibility?		
	If "Yes," explain the arrangement in Part XIII						∐ Yes	
Pa	art V Endowment Funds. Complete if	the organization answer	red "Y	es" on Form	990, Par	t IV, line :	10.	
		(a)Current year (b)P	rior yea	ir <b>(c)</b> Two y	ears back	(d)Three ye	ars back (e)	our years back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance (line 1	g, colu	mn (a)) held a	as			
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Temporarily restricted endowment ►							
3a	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		t are h	eld and admin	ustered for	r the		
	organization by (i) unrelated organizations						3a(i)	Yes No
	(ii) related organizations						3a(ii)	
b		ns listed as required on Sche	dule R	?			. 3b	
4	Describe in Part XIII the intended uses of the	organization's endowment '	funds					· · ·
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answ		, Part	IV, line 11a	. See For	-m 990, Pa	art X, line 1	0.
	Description of property (a) Cost or ot (investme		basıs (	other) (c) Acc	cumulated d	epreciation	( <b>d</b> ) B	ook value
1a	Land							
	Buildings							
с	Leasehold improvements							
	Equipment							

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . ۲

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Schedule D (	(Form 990) 2017				Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organ See Form 990, Part X, line 12.	nization answ	vered "Yes" or	n Form 990, Par	
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	aluation
(1) Financia	derivatives	Value	C05		
(2) Closely- (3)Other	held equity interests	2,224,475		F	
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	2,224,475			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part IV, lı	ne 11c. See F	orm 990, Part X	(, line 13.
	(a) Description of investment (i	<b>b)</b> Book value		(c) Method of va t or end-of-year r	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, Pa	rt IV, line 11d	See Form 990, Pa	rt X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )			· · · •	
Part X	<b>Other Liabilities.</b> Complete if the organization answere See Form 990, Part X, line 25.	d 'Yes' on Fo	orm 990, Part I	IV, line 11e or :	11f.
<b>1.</b> (1) Enderslu	(a) Description of liability ncome taxes	(b) B	ook value		
(2)					
(3)					
(4)		-			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )	▶			

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017 Schedule D (Form 990) 2017

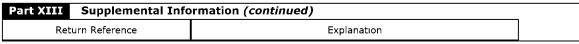
Pai	<b>t XI</b> Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par	•	leturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-	
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par		Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	
Dar	t XIII Supplemental Information			

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

Return Reference	Explanation	









efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DLN: 93493318067508
Schedule I (Form 990) Department of the Treasury	OMB No 1545-0047 20117 Open to Public Inspection						
Internal Revenue Service Name of the organization CLAYTON CENTURY FOUNDA	TION					<b>Employ</b> 43-164	er identification number 12179
<ol> <li>Does the organization the selection criteria u</li> <li>Describe in Part IV the Part II Grants and Ot</li> </ol>	ised to award the grants e organization's procedur	stantiate the amount of or assistance? es for monitoring the us mestic Organizations a	the grants or assistance, se of grant funds in the Ur and Domestic Governme ditional space is needed	nted States			<b>Yes No</b> art IV, line 21, for any recipient
(a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descrip noncash ass	
(1) CITY OF CLAYTON 10 N BEMISTON AVE CLAYTON, MO 63105	43-6000774		2,022,796				CAPITAL PROJECTS
	other organizations liste	d in the line 1 table .	s listed in the line 1 table .				► 1 ► 0 Schedule I (Form 990) 2017

#### Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental	Informatio	on. Provide the ir	formation required in	Part I, line 2; Part III,	column (b); and any other a	additional information.	
Return Reference	Return Reference Explanation						
PART I LINE 2	RT I LINE 2 THE CLAYTON CENTURY FOUNDATION PROVIDES FUNDS TO THE CITY OF CLAYTON FOR CAPITAL PROJECTS THESE PROJECTS ARE FORMALIZED THROUGH PROJECT AGREEMENTS THAT REQUIRE THE CITY TO PROVIDE REPORTS TO THE FOUNDATION ON THOSE PROJECTS AND COSTS ASSOCIATED WITH THEM						
	Schedule I (Form 990) 2017						

efile GRAPHI	C print - DC	NC	T PROCES	S A	s Filed	Data -					DL	.N: 93	4933	180	67508
Schedule L (Form 990 or 990	)-EZ) ► Con	nplet	te if the org	anizatio	on ansv	vered "Yes	s" on Form 9	d Persor 90, Part IV, I	ines 2	25a, 2	25b, 26		1B No	1545	5-0047
			27, 28a,				0-EZ, Part V 0 or Form 99	, line 38a or 10-EZ.	40b.				2(	)1	7
Department of the Tre Internal Revenue Serv	asurv	Info	ormation ab		nedule I	L (Form 99		) and its inst	ructio	ns is	at		Dpen Insp	to P	ublic
Name of the org	anization								E	nplo	yer ide	ntifica			
CLAYTON CENTUR	Y FOUNDATION								43	3-164	2179				
								d 501(c)(29) o							
	lete if the organity Name of dis							r 25b, or Form lified person a			art V, lır Descript		(d	) Cor	rected?
1 (4		quun	neu person	ľ			organization	inica person a		• •	ansacti			es	No
									_						
2 Enter the a 4958									ir unde	er sec	tion	\$			
4958 3 Enter the a	mount of tax,	fan	y, on line 2, a	above, re	eimburs	ed by the o	rganization .	• • •	•••	•	. ►	\$			
Part II Lo	ans to and	or I	From Inter	ested	Perso	ns.									
	nplete if the o orted an amoi						, Part V, line 3	38a, or Form 9	90, Pa	rt IV,	line 26	, or if t	the org	janiza	ation
(a) Name of	(b) Relation	ship	(c) Purpose	(d) La	oan to o	r from the	(e)Original	(f)Balance		In		h)			
interested person	with organiza	tion	of loan	c	organiza	tion?	principal amount	due	defa	ult?	Approv boar	ved by rd or	a <u>c</u>	greem	ient?
				Τ-		<b></b>	-		Vac No		committee?				N -
				То		From			Yes	No	Yes	No	Yes		No
										<u> </u>					
Total							▶ \$								
	nts or Assi							uno 27							
(a) Name of Inter							of assistance	(d) Type	of ass	stand	e	<b>(e)</b> Pu	rpose d	of ass	Istance
( )			erested perso	on and th								. ,			
			organızat	ION											
For Paperwork Red	uction Act Not	ice, s	ee the Instru	ctions fo	or Form 9	990 or 990-l	<b>Z.</b> Ca	at No 50056A		Sc	hedule I	(Form	990 o	r 990-	EZ) 2017

#### Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sł o organiz rever	f ation's
				Yes	No
(1) BARRY WEHMILLER GROUP	SUBSTANTIAL CONTRIBUTOR RELATED TO COMPANY		REDEMPTION OF COMPANY STOCK DONATED BY A SHAREHOLDER		No
		1		1	L

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

efil	e GRAPHIC pi	rint - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349331	8067	508
	EDULE M		N	Ioncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.							
		► Attach to Form	990.				20		
	ment of the Treasurv I Revenue Service	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	.gov/form990	Open te Inspe		
	e of the organizat ON CENTURY FOUN					Employer identif	ication n	umbei	
CDATI		DATION				43-1642179			
Ра	rt I Types	of Property							
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) of determin tribution a		S
1	Art—Works of ar	t			_				
2	Art—Historical tr	easures .							
	Art—Fractional ir								
	Books and public								
5	Clothing and hou goods	isehold							
6	Cars and other v								
7	Boats and planes	. <b>.</b>							
8	Intellectual prop	erty							
9	Securities—Publi	cly traded .							
10	Securities—Close	ely held stock .	Х	1	1,648,090	FMV			
	Securities—Partr or trust interest	s							
	Securities-Misco								
13	Qualified conserv contribution—H structures	istoric							
14	Qualified conserv contribution—O								
	Real estate—Res								
	Real estate—Cor								
17	Real estate—Oth								
	Collectibles								
19 20	Food inventory Drugs and medic								
	Taxidermy .								
	Historical artifac								
	Scientific specim								
	Archeological art								
	Other								
	Other ► (	,							
	Other ► (	,							
	Other ► (	,							
29				tion during the tax year for 3, Part IV, Donee Acknowled		29			1
~~	Duran - H-	• • • • • • • • • • •		·				Yes	No
30a	must hold for at	least three years fro	om the date	of the initial contribution, a	reported in Part I, lines 1 thi and which is not required to	be used for exem			l
b	If "Yes," describ	e the arrangement i	n Part II				30a		No
31	Does the organı	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contril	outions?	31		No
32a	Does the organi	zation hire or use th	ird parties (		olicit, process, or sell nonca:		32a		No
b	If "Yes," describ	e in Part II							
		on did not report an	amount ın	column (c) for a type of pro	perty for which column (a) i	s checked,			
For D	aperwork Reductio	on Act Notice, see the	Instruction	s for Form 990.	Cat No 51227]	Schedu	le M (Form	000)	2017)

#### Schedule M (Form 990) (2017)



#### Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation				
PART I, COLUMN (B)	REPRESENTS THE NUMBER OF DONORS				



efile GRAPHIC print - DO NOT PROCESS As Fil		As Filed Data -		DLN: 93493318067508	
SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No 1545-0047		
(Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 c	mplete 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. rmation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
Internal Revenue Service L Employer id Name of the organization CLAYTON CENTURY FOUNDATION		identification number			
			43-164217	1642179	
990 Schedule O, Sup	plemental Informatio	n			

#### secondarie of Subbiemental Tutormation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT OUTSIDE CPA, IT IS THEN REVIEWED BY THE ORGANIZ ATION'S STAFF AND EXECUTIVE BOARD, AND SIGNED BY THE BOARD PRESIDENT

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST