# Form **990-PF**

#### Return of Private Foundation

OMB No. 1545-0052

Department of the Treasury

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning , and ending Name of foundation A Employer identification number 35-2378788 RX OUTREACH, INC. Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 3171 RIVERPORT TECH CENTER DRIVE (314) 627-6120 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MARYLAND HEIGHTS, MO 63043 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 36,873,758. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (b) Net investment (d) Disbursements for charitable purposes (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) 49,901,283 Contributions, gifts, grants, etc., received ...... 2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,928. 1,928. 1,928. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a ..... 7 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain Income modifications ... Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 10,381,279. 10,381,279. STATEMENT 2 11 Other income 60,284,490. 10,383,207. 1,928. Total. Add lines 1 through 11 12 519,247.0. О. 519,247. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 3,646,233**.** 0. 0. 3,646,233. 1,071,300. 0. 0. 1,071,300. 15 Pension plans, employee benefits 21,03621,036. 16a Legal fees STMT 3 0. 0. Operating and Administrative Expenses  $76, \overline{568}$ 0. 76,568. **b** Accounting fees STMT 4 0. c Other professional fees STMT 5 378,900. 0. 0. 329,712. 17 Taxes STMT 6 37,892. 0. 0. 37,892. 18 268,164. Depreciation and depletion 0. 0. 19 470,088. 470,088. 0. 0. Occupancy 20 21 Travel, conferences, and meetings 32,313. 0. О. 32,313. 59,435 0. Ο. 59,435. 22 Printing and publications ..... 23 Other expenses STMT 7 61,152,807. 0. 0. 60,874,841. 24 Total operating and administrative

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10,383,207.

0.

0.

67,138,665.

67,138,665.

67,733,983

67,733,983.

-7,449,493.

expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid .....

**a** Excess of revenue over expenses and disbursements

C Adjusted net income (if negative, enter -0-)

**b Net investment income** (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

26 Total expenses and disbursements.

Add lines 24 and 25

27 Subtract line 26 from line 12:

1,928.

0.

0.

1 Cash - non-interest-bearing   2 Savings and temporary cash investments   82,069   2,457,864   2,535,886   2,535,886   3,500   3,500   1,5	P	art	Balance Sheets  Attached schedules and amounts in the description	L	Beginning of year	End o	t year
2 3 shrongs and temporary cash investments 82,059, Less: allowance for doubtful accounts ▶ 2,139, 28,544. 79,930. 79,930. 79,930. 4 Plotate receivable ▶ 2,139, 28,544. 79,930. 79,930. 79,930. 108,000. Less allowance for doubtful accounts ▶ 108,000. 170,000. 108,0	_	u	column should be for end-of-year amounts only.		(a) Book Value	(b) Book Value	(c) Fair Market Value
Security receivable		1	Cash - non-interest-bearing	L			
3 Accounts receivable		2	Savings and temporary cash investments		2,457,864.	2,535,886.	2,535,886.
Recise allowance for doubtful accounts			Accounts receivable ► 82,0	69.			
A Platigues renovable			Less; allowance for doubtful accounts   2.1	39.	28.544.	79,930.	79,930.
170,000   108		1	Pladas receivable 108 0	00.		,	15/500
5   Gradies received by the control of the contr		"			170 000	108 000	108 000
Receivables due from officers, directors, trustees, and other disqualified persons   1		_			170,000.	100,000.	100,000.
B   Wireflories for sale or test   Control		-		·····			
Propose   Pro		6					
Best content of countries   Set			disqualified persons				
Best content of countries   Set		7	Other notes and loans receivable				
Prepaid oppness and deferred charges   134,107.   108,312.   108,312.			Less: allowance for doubtful accounts				
Prepaid expenses and deterred charges   134,107.   108,312.   108,312.	δ	8	Inventories for sale or use		39,518,311.	32,387,716.	32,387,716.
b Investments - corporate bonds c investments - corporate bon	set				134,107.	108,312.	108,312.
b Investments - corporate stock c investments - corporate sto	As						
11		l					
1							
Less seumidated secretation		١.,٢	Investments - corporate bonds				
1 Investments - mortgage loans   13 Investments - other		' '	investments - land, buildings, and equipment, basis				
14   Land, buildings, and equipment basis		_ ر ا					
Land, buildings, and equipment basis		l					
15 Other assets (describe   1, 276, 557, 1, 434, 949, 1, 201, 1, 20		13	Investments - other	L			
15 Other assets (describe   1, 276, 557, 1, 434, 949, 1, 201, 1, 20		14	Land, buildings, and equipment: basis 5, 407, 4	15.			
15 Other assets (does ribe			Less: accumulated depreciation 3,753,5	01.	1,838,873.	1,653,914.	1,653,914.
Instructions, Also, see page 1, item		15	Other assets (describe >	)			
17 Accounts payable and accrued expenses   1, 276, 557.   1, 434, 949.     18 Grants payable     439, 212.   456, 372.     20 Lears from officers, directors, frustees, and other disqualified persons   21 Mortgages and other notes payable   22 Other liabilities (describe ► )   23 Total liabilities (describe ► )   23 Total liabilities (add lines 17 through 22)   1, 715, 769.   1, 891, 321.     Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.   42, 261, 930.   34, 565, 236.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   28 Retained earnings, accumulated income, endowment, or other funds   30 Total net assets or fund balances   42, 431, 930.   34, 982, 437.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   28 Retained earnings, accumulated income, endowment, or other funds   30 Total net assets or fund balances   42, 431, 930.   34, 982, 437.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   42, 431, 930.   34, 982, 437.		16	Total assets (to be completed by all filers - see the				
17 Accounts payable and accrued expenses   1, 276, 557.   1, 434, 949.     18 Grants payable     439, 212.   456, 372.     20 Lears from officers, directors, frustees, and other disqualified persons   21 Mortgages and other notes payable   22 Other liabilities (describe ► )   23 Total liabilities (describe ► )   23 Total liabilities (add lines 17 through 22)   1, 715, 769.   1, 891, 321.     Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.   42, 261, 930.   34, 565, 236.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   28 Retained earnings, accumulated income, endowment, or other funds   30 Total net assets or fund balances   42, 431, 930.   34, 982, 437.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   28 Retained earnings, accumulated income, endowment, or other funds   30 Total net assets or fund balances   42, 431, 930.   34, 982, 437.     Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   42, 431, 930.   34, 982, 437.			instructions. Also, see page 1, item I)		44,147,699.	36,873,758.	36,873,758.
18   Grants payable		17			1,276,557.		
20   Deferred revenue   439,212.   456,372.					,		
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► )  23 Total liabilities (add lines 17 through 22)  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Temporarily restricted 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 42 , 431, 930 . 34, 982, 437 .  26 Part III Analysis of Changes in Net Assets or Fund Balances  27 Total ret assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  28 Enter amount from Part I, line 27a 30 Other increases not included in line 2 (itemize) ► 5 Coreases not included in line 2 (itemize) ► 6 Corea (itemize					439.212.	456.372.	
23   Total liabilities (add lines 17 through 22)   1,715,769	ies				133,212.	130/3/20	
23   Total liabilities (add lines 17 through 22)   1,715,769	듵						
23   Total liabilities (add lines 17 through 22)   1,715,769	<u>.e</u>			······			
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Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 42,431,930. 34,982,437.  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)    5 Decreases not included in line 2 (itemize)    5 Decreases not included in line 2 (itemize)    5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 34,982,437.					1 715 760	1 001 201	
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24 Unrestricted  25 Temporarily restricted  26 Permanently restricted  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  30 Total net assets or fund balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  20 Enter amount from Part I, line 27a  31 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  6 34,982,437.  5 Decreases not included in line 2 (itemize) ▶  6 34,982,437.  5 Decreases not included in line 2 (itemize) ▶  6 34,982,437.				X			
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Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 42,431,930. 34,982,437.  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)  5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 34,982,437.	3a	26					
Capital stock, trust principal, or current funds   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or land, bldg., and equipment   Pai	둳		Foundations that do not follow SFAS 117, check here				
Capital stock, trust principal, or current funds   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or capital surplus, or land, bldg., and equipment fund   Paid-in or land, bldg., and equipment   Pai	Ē						
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31 Total liabilities and net assets/fund balances   44,147,699.   36,873,758.     Part III					12 121 020	24 002 427	
Part IIIAnalysis of Changes in Net Assets or Fund Balances1Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)142,431,930.2Enter amount from Part I, line 27a2-7,449,493.3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 3434,982,437.5Decreases not included in line 2 (itemize)50.6Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30634,982,437.	ž	30	lotal net assets or tund dalances	····	42,431,930.	34,302,437.	
Part IIIAnalysis of Changes in Net Assets or Fund Balances1Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)142,431,930.2Enter amount from Part I, line 27a2-7,449,493.3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 3434,982,437.5Decreases not included in line 2 (itemize)50.6Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30634,982,437.					44 147 600	26 002 000	
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	<u>~</u>	ı uta	The account of fund balanous at one of your (line 4 fillings line 3) - F.	ur i 11, 001	anni (v), iiilo oo	j <b>U</b>	Form <b>990-PF</b> (2018)

(a) List and describes the kindigs of arcopers valor for exemple, real estate, 2-depth brick venerhouse; or common stock, 200 shs, MLC Co.)  1. NONE  6. NONE  (b) Ross sales price  (c) Brownship pain in column (b) and connect by the foundation on 1231488.  (c) Graillowalte)  (g) Cost or other basis  (h) Gain or (loss) (c) plus (f) minus (s))  2. Complete only for asserts showing pain in column (b) and connect by the foundation on 1231488.  (d) Favor as of 123198  (e) Excess of on (i) (f) Favor as of 123198  (g) Favor as of 12319	Part IV (	Capital Gains and L	osses for Tax on In	vestment	Income							
18 NONE  (e) Gross selectrice  (f) Dispreciation allowed (to alloweds)  (in place (cot, fr) pain minus cot, (k), but not (ass than -2-) or Complete only for assarts shrowing gain in column (ft) and owned by the foundation on 12/31/69.  (in place (cot, fr) pain minus cot, (k), but not (ass than -2-) or Complete only for assarts shrowing pain in column (ft) and owned by the foundation on 12/31/69.  (i) Follows of 12/31/69  (ii) Follows of 12/31/69  (ii) Follows of 12/31/69  (iii) Gains (Cot, fr) pain minus cot, (k), but not (ass than -2-) or Cot, (i) over cot, (i), if any  3. At short-term capital gain on (loos) as defined in sections 12/22/5) and (6):  (i) Gains, also enter in Part, i. see, Cot, (in)  3. Not short-term capital gain on (loos) as defined in sections 12/22/5) and (6):  (i) Gains, also enter in Part, i. see, Cot, (in)  (ii) Gains, also enter in Part, i. see, Cot, (in)  (iii) Gains, also enter in Part, i. see, Cot, (in)  (iv) (assistant and in Part), i. see, Cot, (in)  (iv) (assistant and in Part), i. see, Cot, (in)  (iv) (assistant and in Part)  (iv) (assist	(	a) List and describe the kind 2-story brick warehous	te,	<b>(b)</b> D	How acquired - Purchase - Donation							
e. (a) Gross sales price (f) Depreciation allowed (c) Cost or other basis plac depends of sale (c) plac (f) pla	1a											
(e) Gross sales price (f) Degraciation allowable (p) Cost or other basis (le) Sain or (loss) (le) plus (f) minus (g))  (a) B	<u>b</u>	NONE										
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)  a												
(e) Gross sales price (f) Departication allowed (or allowable)  (g) Code or other basis plue expense of sale  (h) Gain or (boss) (ii) plue (i) minus (iii)  (iii) Gain or (boss) (iv) plue (iii) minus (iii)  (iii) Gain or (boss) (iv) plue (iii) minus (iii)  (iii) Adjusted basis so of 12/31/69 (iii) Adjusted basis so of 12/31/69 (iii) Adjusted basis so over out (ii), if any  (iv) FMV as of 12/31/69 (iii) Adjusted basis so over out (iii), if any  2 Capital gain nat income or (net capital loss) (iii) Adjusted hasis (iii) Adjusted has	-					-						
(e) rouse sense inces  (or allowable)  (p) bus expense of sale  (e) plus (f) minus (g))  (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d		1 1	2) Depressiation allowed	(a) Co	at or other basis			/h\ (	oin or (loss	\		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) FMV as of 12/31/69  (iii)	(e) Gros	s sales price										
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) FMV as of 12/31/69  (iii)												
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69  (ii) Adjusted basis (iii) Excess of col. (ii) (iii) FMV as of 12/31/69  (iii) FMV as of 12/31/69  (iii) Adjusted basis (iii) Excess of col. (ii) (iii) FMV as of 12/31/69  (iii) FMV as of												
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.  (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted part as of 12/31/69 (iii) Adjusted	С											
Complete only for assets showing pain in column (ft) and owned by the foundation on 12/31/88.  (i) FMV as of 12/31/89  (ii) Adjusted basis (iv) Excess of col. (ii) (iv) Inverced. (iii) Inverced. (iii) Inverced. (iv) Inverced. (iii) Inverced. (i	<u>d</u>											
(ii) PMV as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col. (i) over col. (i), if any col. (ii), but not less than -0-) or col. (ii), if any col. (iii), if any col.					10/04/00							
(i) FMV as of 12/31/69 (ii) Proposed as of 12/31/69 (iii) Proposed (iii) If any verification (iii) If gain, also enter in Part I, line 7 (iii) (cos), enter -0 in Part I, line 7 (iii) (cos), enter -0 in Part I, line 7 (iii) (cos), enter -0 in Part I, line 7 (iii) (cos), enter -0 in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain, also enter in Part I, line 9 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 7 (column (c). If gain, also enter in Part I, line 8 (column (c). If gain (c). If gain, also enter in Part I, line 7 (column (c). If gain (c). I	Complete or	nly for assets showing gain i										
a b 6  d d e 2  Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 8  Rest hort-form capital gain or (foss) as defined in sections 1222(6) and (6):  If gain, also enter in Part I, line 8, column (c).  If (loss), enter -0- in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 7  It gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 8, column (c).  If gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain, also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part I, line 4  It gain, also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part I, line 7  It gain also enter in Part II, line 4  It gain also enter in Part II, line 4  It gain also enter in Part I, line 4  It gain also enter in Part I, line 4  It gain also enter in Part I, line 2  It gain also e	(i) FMV a	s of 12/31/69					O					
Capital gain net income or (net capital loss)			40 01 12/01/00	0.00	()),							
G d d e e e e e e e e e e e e e e e e e												
Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 7 If gain, also enter in Part I, line 8  Part V   Qualification Under Section 1940(e) for Reduced Tax on Net Investment Income  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank.  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If Yes, the foundation desort quality under section 4940(a). Do not complete this part.  I Enter the appropriate amount in each column for each vear; see the instructions before making any entries.  Calendar year (or tax year beginning in)  Adjusted qualifying distributions  (or Tax year beginning in)  Adjusted qualifying distribution or Tax year beginning in)  Adjusted qualifying												
2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 8, column (c). If (loss), enter -0 - in Part I, line 7, line 5, enter -0 - in Part I, line 7, line 5, enter -0 - in Part I, line 7, line 5, enter -0 - in Part I, line 8, enter -0 - in Part I, line 1, enter -0 - in Part I, line 1, enter -0 - in Part I, line 2, enter -0 - in Part I, li												
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): It gain, also enter in Part I, line 8, column (c), If (loss), enter 0- in Part I, line 8, column (c), If (loss), enter 0- in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income.    For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.    If section 4940(d)(2) applies, leave this part blank.   Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?	е											
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): It gain, also enter in Part I, line 8, column (c), If (loss), enter 0- in Part I, line 8, column (c), If (loss), enter 0- in Part I, line 8  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income.    For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.    If section 4940(d)(2) applies, leave this part blank.   Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?			∫ If gain, also enter	in Part I, line	7	J						
If gan, also enter in Part I, line 8, column (c).	2 Capital gain r	net income or (net capital los	s)	- in Part I, line	7	J	2					
				d (6):		٦						
Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income			(c).				,					
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)	Part V C	Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	ome				
If section 4940(d)(2) applies, leave this part blank.  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part.  I Enter the appropriate amount in each column for each year; see the instructions before making any entries.    Calendar year (or tax year beginning in)	(For optional use	e by domestic private founda	tions subject to the section 4	940(a) tax on	net investment in	come	_)					
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?         Yes ▼ No fi*Yes;* the foundation doesn't qualify under section 4940(e). Do not complete this part.           Enter the appropriate amount in each column for each year; see the instructions before making any entries.           Base period years (or tax year beginning in)         Adjusted qualifying distributions         Net value of noncharitable-use assets         Distribution ratio (col. (b) divided by tool. (col.)         Seed to the part of th		,	•	( )			,					
Figure   The foundation doesn't qualify under section 4940(e). Do not complete this part.   The first the appropriate amount in each column for each year; see the instructions before making any entries.   Calendar year (or tax year beginning in)	If section 4940(0	1)(2) applies, leave this part	DIANK.									
Enter the appropriate amount in each column for each year; see the instructions before making any entries.   (a)				, ,		iod?				Yes X No		
Base period years   Adjusted qualifying distributions   Net value of noncharitable-use assets   Distribution ratio (col. (b) divided by col. (c))												
Calendar year (or tax year beginning in)   Adjusted qualifying distributions from Part XII, line 4   Section 2   Section 2   Section 2   Section 2   Section 3	1 Enter the app		1	istructions bet	ore making any e					(d)		
2017   73,356,880	Ba Calendar year	se periód vears		tributions	Net value of no			s	Distrib	oution ratio		
2016 65,359,863. 1,994,532. 32.769523 2015 68,595,235. 2,520,785. 27.211855 2014 51,572,411. 2,843,293. 18.138268 2013  2 Total of line 1, column (d) 2 110.852778  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 27.713195  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 2,235,393.  5 Multiply line 4 by line 3 5 61,949,882.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 19.  7 Add lines 5 and 6 7 61,949,901.  8 Enter qualifying distributions from Part XII, line 4 8 67,221,870. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	Calendar year		, , , ,			2.	. 241 . 05	9.	(coi. (b) div			
2015 68,595,235. 2,520,785. 27.211855 2014 51,572,411. 2,843,293. 18.138268 2013 2 Total of line 1, column (d) 2 110.852778  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 27.713195  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 2,235,393.  5 Multiply line 4 by line 3 5 61,949,882.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 19.  7 Add lines 5 and 6 7 61,949,901.  8 Enter qualifying distributions from Part XII, line 4 8 67,221,870. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.												
2 Total of line 1, column (d) 2 110.852778 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.												
2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.		2014	51,57	2,411.		2	,843,29	3.		18.138268		
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	1	2013										
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.										440 05055		
the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.								2		110.852778		
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	•	•	•	,		-				27 712105		
5 Multiply line 4 by line 3 5 61,949,882. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 19. 7 Add lines 5 and 6 7 61,949,901. 8 Enter qualifying distributions from Part XII, line 4 8 67,221,870. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	the foundation	on has been in existence if le	ss than 5 years					3		2/•/13193		
5 Multiply line 4 by line 3 5 61,949,882. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 19. 7 Add lines 5 and 6 7 61,949,901. 8 Enter qualifying distributions from Part XII, line 4 8 67,221,870. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	1 Enter the net	value of noncharitable-use a	seeds for 2018 from Part X I	ine 5						2.235.393.		
6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  7 61,949,901.  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	4 Lintor the not	value of fioriorial flable about	100010 101 20 10 1101111 411 75, 1									
6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  7 61,949,901.  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	5 Multiply line	5 Multiply line 4 by line 3						5	6	1,949,882.		
7 Add lines 5 and 6  7 61,949,901.  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.												
8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	6 Enter 1% of net investment income (1% of Part I, line 27b)							6	19			
8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.												
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	7 Add lines 5 and 6					7				61,949,901.		
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.	8 Enter qualifyi	ing distributions from Part X	II, line 4					8	6	<u>7,221,</u> 870.		
	If line 8 is eq	ual to or greater than line 7,										

09321114 132842 05491.0002

Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 <b>-</b> s	ee inst	truc	tions	3)		
1a	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.							
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)							
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1				<u> 19.</u>		
	of Part I, line 27b							
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				0.		
3	Add lines 1 and 2	3				<u> 19.</u>		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u> 19.</u>		
6	Credits/Payments:							
а	a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0							
b	b Exempt foreign organizations - tax withheld at source 6b 0.							
C	c Tax paid with application for extension of time to file (Form 8868) 6c 0.							
d	d Backup withholding erroneously withheld 6d 0.							
7		7				<u>0.</u>		
8		8				<u>0.</u>		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> 19.</u>		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10						
11		11						
Pa	art VII-A Statements Regarding Activities							
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes			
	any political campaign?			1a		X		
b	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defi	nition		1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or							
	distributed by the foundation in connection with the activities.							
c Did the foundation file Form 1120-POL for this year?								
d	<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:							
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$	_						
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation							
	managers. ► \$0 .							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X		
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or						
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>		
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х		
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/	·A	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X		
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state			_		37		
_	remain in the governing instrument?			6	37	<u> X</u>		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	Х			
_	5							
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions.							
	MO		— I					
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			8b	Х			
of each state as required by General Instruction G? If "No," attach explanation								
9					v			
40	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	СШМШ	-	9	X			
10	ווע מווא אווע מווא שני אינו אווע שני אינו אינו אינו אינו אינו אינו אינו אי	ウゴボゴブ		10	Λ			

		35-23787	88		Page §
Pa	rt VII-A Statements Regarding Activities (continued)			Yes	NI.
	At any time design the constitution of the form delivery distribution is distributed by the constitution of			res	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
40	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p		40		x
40	If "Yes," attach statement. See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		12 13	Х	
13	Website address ► WWW.RXOUTREACH.ORG	L	10	22	
1.1	The books are in care of DARRYL MUNDEN  Telephone no.	(314) 6	27	-61	20
14	Located at > 3171 RIVERPORT TECH CENTER DR., MARYLAND HEIGHTS,			0 1 .	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>	
10	and enter the amount of tax-exempt interest received or accrued during the year			/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?	Г	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
		es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		es X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	es X No			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	▶□			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2018?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin				
	Annual Control of the	es X No			
	If "Yes," list the years \( \bigs_{} \),,,,,,				
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		ZU		
G	, , , , , , , , , , , , , , , , , , ,				
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
Ja		es X No			
h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons aft				
5	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,				
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	N/A	3b		
	· /				

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Page 6

Part VII-B	Statements Regarding Activities for Which F	form 4720 May Be Re	equired <sub>(contini</sub>	ued)						
5a During the	year, did the foundation pay or incur any amount to:				,	Yes	No			
(1) Carry	on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)) <b>?</b>	🔲 Ye	es X No						
(2) Influe	nce the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	• •							
any vo	oter registration drive?			es X No						
	de a grant to an individual for travel, study, or other similar purposes		Ye	es X No						
` '	de a grant to an organization other than a charitable, etc., organizatio									
4945(d)(4)(A)? See instructions Yes X No										
(5) Provid										
	evention of cruelty to children or animals?			es X No						
	wer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un			/ -						
	.4945 or in a current notice regarding disaster assistance? See instru				5b					
	ons relying on a current notice regarding disaster assistance, check h			▶□						
	ver is "Yes" to question 5a(4), does the foundation claim exemption for			I						
	e responsibility for the grant?	IN	I/A Ye	es L No						
•	tach the statement required by Regulations section 53.4945-5(d).									
	undation, during the year, receive any funds, directly or indirectly, to benefit contract?			. V Na						
	undation, during the year, pay premiums, directly or indirectly, on a p				6Ь		Х			
	moation, during the year, pay premiums, unectly or molrectly, on a p 6b, file Form 8870.	nersonal deficit contract?			OD					
	e during the tax year, was the foundation a party to a prohibited tax s	shalter transaction?		No X No						
	d the foundation receive any proceeds or have any net income attribu				7b					
•	ndation subject to the section 4960 tax on payment(s) of more than \$				**					
				es X No						
Part VIII	Information About Officers, Directors, Trusto	es, Foundation Mar	nagers, Highly							
	Paid Employees, and Contractors	,								
1 List all offi	cers, directors, trustees, and foundation managers and t									
	/ 1 Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deperted	(€	Expe	ense other			
	(a) Name and address	to position	enter -0-)	and deferred compensation	a	llowan	ices			
					l _					
SEE STA	TEMENT 9		430,883.	22,426.	65	,93	<u> </u>			
		-								
		-								
					-					
		-								
		1								
Compensa	ation of five highest-paid employees (other than those inc	luded on line 1). If none, a	enter "NONE."							
•		(b) Title, and average		(d) Contributions to	(6	Expe	ense			
( <b>a)</b> Na	me and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	aèd	e) Expe count, Ilowan	other			
EDGARDO	ALVIRA - 3171 RIVERPORT TECH	PHARMACIST		υστηροποαποπ	<b>ऻ</b>		. 500			
	DR., MARYLAND HEIGHTS, MO	40.00	137,324.	6,873.	43	, 21	L7.			
SAULO M	· · · · · · · · · · · · · · · · · · ·	SENIOR PROGRA		0,0.00	<del>                                     </del>					
	DR., MARYLAND HEIGHTS, MO	40.00	150,611.	5,996.	22	1,19	95.			
DUANE W	· · · · · · · · · · · · · · · · · · ·	CHIEF MARKETI								
CENTER		40.00	151,766.	0.	16	, 04	16.			
	REDMAN - 3171 RIVERPORT TECH	PHARMACIST	,							
	DR., MARYLAND HEIGHTS, MO	40.00	151,272.	7,665.	7	7,74	<b>15.</b>			
ROY WHI	<u> </u>	DIRECTOR OPER		•		-				
CENTER		40.00	136,200.	7,016.	14	.,10	04.			
	of other employees paid over \$50,000						18			

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Part VIII   Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>&gt;</b>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the	Expenses
1		
	_	
SEE STATEMENT 10	67	<u>,138,665.</u>
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.
		m <b>990-PF</b> (2018)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
		1b	0. 2,269,435.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,269,435.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	•	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,269,435.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34,042.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,235,393.
6	Minimum investment return. Enter 5% of line 5	6	111,770.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here ► X and do not complete this part.)	and certair	1
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	67,138,665.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	83,205.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	67,221,870.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>
	income. Enter 1% of Part I, line 27b	5	19.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		67,221,851.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		for the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2017	2017	2018
1 Distributable amount for 2018 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only				
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013				
<b>b</b> From 2014				
c From 2015				
<b>d</b> From 2016				
e From 2017				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$				
a Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount				
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr				
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
<b>b</b> Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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Part XIV Private Operating For	•		A, question 9)		
<b>1 a</b> If the foundation has received a ruling or of foundation, and the ruling is effective for 2					
<b>b</b> Check box to indicate whether the found <u>at</u>	ion is a private operating	foundation described in	section X 49	942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	( <b>a</b> ) 2018	<b>(b)</b> 2017	(c) 2016	( <b>d)</b> 2015	(e) Total
investment return from Part X for					
each year listed	111,770.	112,053.	99,727.	126,039.	449,589.
<b>b</b> 85% of line 2a	95,005.	95,245.	84,768.	107,133.	382,151.
c Qualifying distributions from Part XII,					
line 4 for each year listed	67,221,870.	73,356,891.	65,359,873.	68,595,248.	274533882.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	67,221,870.	73,356,891.	65,359,873.	68,595,248.	274533882.
3 Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	74,513.	74,702.	66,485.	84,026.	299,726.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Inform			the foundation ha	d \$5,000 or mor	e in assets
at any time during the	e year-see instru	ctions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who I			outions received by the fou	ndation before the close	e of any tax
year (but only if they have contributed mo	re than \$5,000). (See sec	tion 507(d)(2).)			
NONE					
<b>b</b> List any managers of the foundation who other entity) of which the foundation has a		stock of a corporation (o	r an equally large portion c	of the ownership of a pa	tnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation onle the foundation makes gifts, grants, etc., to	y makes contributions to	preselected charitable or	rganizations and does not a		sts for funds. If
a The name, address, and telephone number	-				
<b>b</b> The form in which applications should be	submitted and informatio	n and materials they sho	ould include:		

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

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#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)		
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue:	code	Amount	sion code	Amount	function income		
a PROGRAM: PROVISION OF							
b AFFORDABLE PRESCRIPTIONS					10,351,547.		
c							
d							
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments			14	1,928.			
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
<b>b</b> Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events			01	-898.			
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0 .		1,030.			
13 Total. Add line 12, columns (b), (d), and (e)				13	10,352,577.		
(See worksheet in line 13 instructions to verify calculations.)							
				_			

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.												
	the fo	oundation's	exempt pui	poses (other	than by provid	ling funds fo	r such p	ourpose	es).			
1	PROV:	IDING	AFFOI	RDABLE	MEDICA	TIONS	TO	AN	INDIGENT	POPULATION		
	(SEE	STAT	EMENT	10)								
						•	, and the second	, and the second			•	
									<u> </u>			

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#### Form 990-PF (2018) RX OUTREACH, INC. Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

Dot fine dramatication directly or indirectly engage in any of the following with any other organization described in section 501(c) (c) (other than section 501(c) (other than section 501(c)) (and the content of th		Exempt Organ	izations				•			
(i) Gash  4 Transfer for mit reporting foundation to a noncharitable everyal organization of:  (ii) Gash  (iii) Cash  (iii) Cash  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Sake of assets to a noncharitable everyal organization  (iiii) Performance of save organization or membership or fundations gas-clustations  (iii) Performance of save organization or membership or fundation gas-clustations  (iii) Performance of save organization or sake organization	1 Did th	e organization directly or indi	rectly engage in any o	of the followin	ng with any other organization	on described in sect	ion 501(c)		Yes	No
(1) Sales of assets to a noncharitable exempt organization (2) Plurchases of assets from a noncharitable exempt organization (3) Sales of assets from a noncharitable exempt organization (3) Rental of bacilities, equipment, or other assets (4) Rental organization and the place of a section of a control and assets (5) Loans or loan quarantees (6) Performance of rand-sec or membership or fandrishing scilicitations (6) Performance of rand-sec or membership or fandrishing scilicitations (7) The analysis of any of the address of the assets, or paid employees or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, whole in control transfer in a section of the places, state assets, or any of the address of the assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, whole in section of the places, state assets, or exercises given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in continuing of the value of the places, state assets, or exercises given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in continuing of the value of the places, state assets, or exercises given by the reporting foundation of the places, state assets, or exercises given by the reporting foundation. If the foundation directly or indirectly affiliated with, or related to, one or more traveverent organizations described in section 501(c)(d) or in section 527?							. ,			
(1) Sales of assets to a noncharitable exempt organization (2) Plurchases of assets from a noncharitable exempt organization (3) Sales of assets from a noncharitable exempt organization (3) Rental of bacilities, equipment, or other assets (4) Rental organization and the place of a section of a control and assets (5) Loans or loan quarantees (6) Performance of rand-sec or membership or fandrishing scilicitations (6) Performance of rand-sec or membership or fandrishing scilicitations (7) The analysis of any of the address of the assets, or paid employees or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, whole in control transfer in a section of the places, state assets, or any of the address of the assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, whole in section of the places, state assets, or exercises given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in continuing of the value of the places, state assets, or exercises given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in continuing of the value of the places, state assets, or exercises given by the reporting foundation of the places, state assets, or exercises given by the reporting foundation. If the foundation directly or indirectly affiliated with, or related to, one or more traveverent organizations described in section 501(c)(d) or in section 527?	<b>a</b> Trans	fers from the reporting founda	ation to a noncharitab	ole exempt or	ganization of:					
(2) Other casests.  (3) Other casests.  (4) Other transactions:  (5) Seles of assets from a noncharitable exempt organization  (6) Performance of severes from a noncharitable exempt organization  (7) Seles of assets from a noncharitable exempt organization  (8) Performance of severes or membership or fundrasing socionations  (9) Leases in found quantitates  (9) Performance of services or membership or fundrasing socionations  (9) Expertormance of services or membership or fundrasing socionations  (9) Leases in found quantitates  (9) Performance of services or membership or fundrasing socionations  (9) Leases in found quantitates  (9) Amount involved  (1) Leases in foundation, or the fundration crossed loss than fail a market value in any fundrasing arrangement, show in coulumn (4) the value of the goods, other assets, or services received.  (a) Lines or (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Pescription of travities in an arrangement organization in section 501(c) (other than section 501(c)(d)) or in section 527?  (a) Lines or (b) Amount involved  (a) Marie of organization  (b) Amount involved (c) Balance of noncharitable exempt organization  (c) Pescription of relationship  (a) Description of relationship  (b) Amount involved (c) Pescription of relationship  (a) Balance of organization  (b) Type of organization  (c) Description of relationship  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (f) Description of relationship  (e) Description of relationship  (f) Description of relationship  (g) Description of relationship  (g) Description of relationship  (g) Description of relationship  (g) Performance  (g) Description of relationship								1a(1)		Х
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rainbussment arrangements (5) Loans or foan guarantees (6) Loans or foan guarantees (6) Performance of services or membership or fundiasing solicitations (6) Performance of services or membership or fundiasing solicitations (7) If the asset of asset is reporting foundation, if the foundation cealved less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation, if the foundation cealved less than fair market value in any transaction or sharing arrangement, show in column (b) Amount involved (6) Name of noncharitable exempt organization (a) Inverse (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship  N/A  2a. Is the foundation directly or indirectly attilisated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?    Ves   X   No										X
(2) Purchases of assets from a monitorialishe exempt organization    Medium   X     X										
(2) Purchases of assets from a monitorialishe exempt organization    Medium   X     X	(1) S	sales of assets to a noncharita	ble exempt organizati	ion				16(1)		Х
(4) Reinbursoment arrangements   Mod   X   Mo								$\overline{}$	$\neg$	
(4) Reimbursement arrangements  (5) Loans or loan purantees  (6) Performance of services or membership or fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (9) Performance of services or membership or fundraising solicitations  (10) It It is assessed to any of the above is "Very," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services released.  (a) Use no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of readers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more trac-exempt organizations described in section 301(c) (other than section 501(c)) (or than asset on 501(c)) (or than asset o										
(6) Performance of services or membership or fundraising solicitations  (7) Experience of services or membership or fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (9) Index or Scharing of facilities, equipment, mailing lists, other assets, or paid employees  (1) Index or services growing the transporting fundration if the foundation resided asset that fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (1) Unex re.  (2) Unex re.  (3) Unex re.  (4) Amount involved  (5) Harne of noncharitable exempt organization  (6) Parametric fundration directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??  (a) In Yes, complete the following schedule.  (a) Ware of organization  (b) Type of organization  (c) Description of relationship  N/A   Sign  Under penalties of policy, I decides that I have exempted that relative to the peace with any incidedge.  Property of the peace of the property of the final section 501(c) (3) or in section 52??  Primity in a relative of official or trustee  Proparer Use Only  Firm's same ➤ RUBINBROWN LLP  Firm's addresse ➤ ONE NORTH BRENTWOOD  SAINT LOUIS, MO 63105  Phone no. (314) 290-3300									$\neg$	
(6) Performance of services or membership or fundraising solicitations						$\neg$				
Stering of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) the new (b) Amount involved (c) Name of noncharitable exempt organization  N/A  (b) Amount involved (c) Name of noncharitable exempt organization  N/A  (c) Name of noncharitable exempt organization  N/A  (d) Decorption of numbers, transactions, and abaring arrangements.  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) If Yes, "complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   Sign have of organization (b) Type of organization (c) Description of relationship  PRESIDENT  Print/Type preparer's answer property. Ideature that have committed this return, including accommanying principles and abservate, and to the boat of my lococyclego.  PRESIDENT  Print/Type preparer's answer propagation (c) Date (c) Description of relationship (c) Date (c) Description of relationship (c) Date	(6) E	Parformance of services or me	mherchin or fundrais	ing solicitatio	ine				-	
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Live no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of handers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A     Description of relationship   N/A									-	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (a) Line in (b) Amount involved (c) Blame of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in the property of the pr										
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements    N / A					• •				,10,	
(a) Line no. (b) Amount involved (c) Name of noncharitable evering organization (d) Description of transfers, transactions, and shating arrangements N/A  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (fo) (other than section 50 (fo)(3)) or in section 52??  1 If "Yes," complete the following schedule, (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign and belief. It is two, correct, and complete, Decision of preparer (other than tax-player) is based on all informations of which prepare in as any knowledge.  Primt'rype preparer's name  Preparer's Signature  Primt'rype preparer's name  NINDY KRUEGER  Print's address PONE NORTH BRENTWOOD  SAINT LOUIS, MO 63105  Phone no. (314) 290-3300					su 1655 man ian market valu	e in any transaction	or snaring arrangement, sin	ווו אע		
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 5277  b If Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A     Description of relationship    N/A					e exempt organization	(d) Description	of transfers transactions and sh	aring arra	ngemer	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	( <b>u</b> ) Eine ne.	(b) / anount involved	(b) Numb of		o oxompt or gamzation	(u) Description	Tor transfers, transactions, and si	arrig arra	- Ingerneri	
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A				IV/A		+				
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A						+				
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A						+				
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A						_				
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A						_				
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A										
(a) Name of organization (b) Type of organization (c) Description of relationship  N/A								_		_
(a) Name of organization (b) Type of organization (c) Description of relationship  N/A	in sec	tion 501(c) (other than sectio	n 501(c)(3)) or in sec	ction 527?				Yes	X	No
N/A    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   May the IRS discuss this return with the preparer shown below? See instruction with the preparer shown below? See instruction of the preparer shown be	<b>b</b> If "Yes	s," complete the following sch	edule.							
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  PRESIDENT  PRESIDENT  Title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Prim's name  PRUBINBROWN LLP  Firm's address  ONE NORTH BRENTWOOD  SAINT LOUIS, MO 63105  Phone no. (314) 290-3300		(a) Name of org	ganization		(b) Type of organization		(c) Description of relationsh	ip		
Sign Here    And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    PRESIDENT		N/A								
Sign Here    And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    PRESIDENT										
Sign Here    And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    PRESIDENT										
Sign Here    And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    PRESIDENT										
Sign Here    And belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    PRESIDENT										
Here Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  MINDY KRUEGER  Preparer Use Only  Firm's name ► RUBINBROWN LLP  Firm's address ► ONE NORTH BRENTWOOD  SAINT LOUIS, MO 63105  PRESIDENT  Title  Date  Check if self- employed  PO1290370  Firm's EIN ► 43-0765316		1 1 1 1					est of my knowledge	the IBS d	iscuss t	his
Here Signature of officer or trustee Date Title  Print/Type preparer's name Preparer's signature Date Check if self- employed self- employed Self- employed Firm's name ▶ RUBINBROWN LLP  Firm's address ▶ ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105  PRESIDENT X Yes No  Check if PTIN  FIRM'S EIN ▶ 43-0765316  Phone no. (314) 290-3300	Sign	nd belief, it is true, correct, and com	nplete. Declaration of prep	parer (other than	taxpayer) is based on all informa	tion of which preparer h	as any knowledge.	n with the	prepare	er etr
Paid Preparer Use Only Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105  Pint/Type preparer's name  Date Title  Check if self-employed PTIN self-employed  Pol 1290370  Firm's EIN ► 43-0765316  Phone no. (314) 290-3300	Here					PRESI			066 1113	
Paid Preparer's name  Preparer's signature  Date  Check if self- employed  Pol 1290370  Preparer Use Only  Firm's name  RUBINBROWN LLP  Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105  Phone no. (314) 290-3300	Signature of officer or trustee				Date					
Paid Preparer Use Only    MINDY KRUEGER				Preparer's s			Check if PTIN			
Paid Preparer Use Only Firm's name ►RUBINBROWN LLP Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 Phone no. (314) 290-3300				•			self- employed			
Preparer Use Only Firm's name ►RUBINBROWN LLP Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 Firm's address ► Phone no. (314) 290-3300	Paid	MINDY KRUE	GER					.2901	370	
Use Only Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 Phone no. (314) 290-3300	Prepar			LP						
Firm's address ► ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 Phone no. (314) 290-3300	_								_ •	
SAINT LOUIS, MO 63105 Phone no. (314) 290-3300		-								—
							Phone no (314)	290-	-33	0.0
				,						

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

Employer identification number

**2018** 

35-2378788 RX OUTREACH INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

# RX OUTREACH, INC.

(a) No. 1	(b) Name, address, and ZIP + 4  LUTHERAN FOUNDATION OF ST. LOUIS  8860 LADUE ROAD, SUITE 200	(c) Total contributions	(d) Type of contribution
1			
	SAINT LOUIS, MO 63124	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MITEK INDUSTRIES  16023 SWINGLEY RIDGE ROAD  CHESTERFIELD, MO 63017	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAUGHTERS OF CHARITY FOUNDATION  231 SOUTH BEMISTON, SUITE 735  SAINT LOUIS, MO 63105	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PFIZER PHARMACEUTICALS  235 EAST 42ND STREET  NEW YORK, NY 10017	\$250,000.	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ST LOUIS COLLEGE OF PHARMACY  4588 PARKVIEW PLACE  SAINT LOUIS, MO 63110	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ECONDISC CONTRACTING SOLUTIONS, LLC  8555 UNIVERSITY PLACE DRIVE  SAINT LOUIS, MO 63121	\$5,000.	Person X Payroll

## RX OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	MICHAEL HOLMES  5 MASON RIDGE COURT	\$\$ <u></u>	Person X Payroll  Noncash  (Complete Part II for		
	SAINT LOUIS, MO 63141		noncash contributions.)		
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	EMERSON 8000 WEST FLORISSANT AVENUE	\$5,000.	Person X Payroll  Noncash  (Complete Part II for		
	SAINT LOUIS, MO 63136		noncash contributions.)		
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	EDWARD JONES  12555 MANCHESTER ROAD  SAINT LOUIS, MO 63131	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution		
10	EISAI PHARMACEUTICALS  100 TICE BOULEVARD  WOODCLIFF LAKE, NJ 07677	\$ <u>13,650,392</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	CONCORDIA HEALTHCARE, USA  200 GARETT STREET  CHARLOTTESVILLE, VA 22902	\$ <u>31,361,745</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	TARO PHARMACEUTICALS		Person		
	3 SKYLINE DRIVE	\$395,440.	Payroll Noncash X (Complete Part II for		
	HAWTHORNE, NY 10532	Cabadula D (Form	noncash contributions.)		

RX OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
13	UPSHER SMITH LAB, INC.  P.O. BOX 1683 CODE-USL-301  MINNEAPOLIS, MN 55480-1683	\$ 1,807,851.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	SIDNEY R. BAER, JR. FOUNDATION  10 N HANLEY ROAD  CLAYTON, MO 63105	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	MISSOURI FOUNDATION FOR HEALTH 1000 SAINT LOUIS UNION STATION, SUITE 400  SAINT LOUIS, MO 63103	\$83,947.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	CONTEGIX  210 NORTH TUCKER BOULEVARD  SAINT LOUIS, MO 63101	\$5,000.	Person X Payroll	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17_	BJC  4901 FOREST PARK AVENUE , SUITE 1200  SAINT LOUIS, MO 63108-1401	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
18	APOTEX CORPORATION  P.O. BOX 11476  NEWARK, NJ 07101-4475	\$554,937.	Person Payroll Noncash  (Complete Part II for noncash contributions,)	
	THE THE PARTY AND WILLIAM TELLS	Cabadula D /Farra	000, 000, F7, av 000, PE) (0040)	

## RX OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
<u>19</u>	PRODIGY  7224 STATESVILLE ROAD, SUITE A  CHARLOTTE, NC 28269	\$35,826.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	TAYLORED ANALYTICS  310 BRYN WYCK PLACE  SAINT LOUIS, MO 63141	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21_	CORIZON HEALTH  103 POWELL COURT  BRENTWOOD, TN 37027	\$66,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	LINDENWOOD  209 S KINGSHIGHWAY  SAINT CHARLES, MO 63301	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23_	PERSHING FOUNDATION  7711 BONHOMME AVENUE, SUITE 875  SAINT LOUIS, MO 63301	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
24	UNITED HEALTH  P.O. BOX 1459  MINNEAPOLIS, MN 55440-1459	\$5,000.	Person X Payroll	
		Cahadula B (Farm	000 000 F7 av 000 PE) (00	

## RX OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
25	TOM AND KATHY MANETTI  18001 BABLER FARMS LN  WILDWOOD, MO 63005	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26	STL COMMUNITY FOUNDATION - KOEBBE FAMILY FUND  2 OAK KNOLL PARK  CLAYTON, MO 63105-1908	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	AMNEAL  P.O. BOX 11839 MAIL CODE 11070  NEWARK, NJ 07101-9138	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28	CTT PHARMA INC.  35 GALBRAITH DR  STONY CREEK, ONTARIO, CANADA L8G 1Z7	\$8,353.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29	DR. REDDY'S LABORATORIES  DOOR NO 8-2-337 ROAD NO 3  BANJARA HILLS, HYDERABAD, INDIA 500034	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution	
30	MAYNE PHARMA 1240 SUGG PARKWAY	\$14,935 <b>.</b>	Person Payroll Noncash X	
	GREENVILLE, NC 27834	Cabadula D (Farm	(Complete Part II for noncash contributions.)	

## RX OUTREACH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	SUN PHARMACEUTICALS SUN HOUSE CTS NO.201B/1 WESTERN EXPRESS HIGHWAY  GOREGAON, MUMBAI, INDIA 4000063	\$ 671,721.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## RX OUTREACH, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.0	PRESCRIPTION MEDICATION		
10			
		\$ 13,650,392.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
11			
		\$ 31,361,745.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
12			
		\$395,440.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
13	·		
		\$ 1,807,851.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.5	PRESCRIPTION MEDICATION		
<u> 18</u>			
		\$554,937.	12/31/18
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noticasti property given	(See instructions.)	Date received
1.0	PRESCRIPTION MEDICATION		
<u>19</u>	[ <del></del>		
		\$35,826.	12/31/18

## RX OUTREACH, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
27	PRESCRIPTION MEDICATION		
		\$ 405,042.	12/31/18
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
<u>28</u>			
		\$8,353.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
<u>29</u>			
		\$91,068.	12/31/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
30			
		\$14,935.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PRESCRIPTION MEDICATION		
31			
		\$671,721.	12/31/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢	
	L	\$	000 000 F7 av 000 PF) (0040)

Name of organization Employer identification number RX OUTREACH, 35-2378788 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CAS	ΗI	NVESTMENTS	STATEMENT 1
SOURCE	( <i>A</i> REVE PER E	NUE NE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
INTEREST		1,928.		1,928.	1,928.
TOTAL TO PART I, LINE 3		1,928.		1,928.	1,928.
FORM 990-PF	OTHER I	NCOME		<del> </del>	STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PROGRAM: PROVISION OF AFFORDA PRESCRIPTIONS GROSS INCOME FROM SPECIAL	ABLE	10,351,54 29,73		0.	
FUNDRAISING EVENTS					
	, LINE 11 =	10,381,27	9.	0.	10,381,279.
TOTAL TO FORM 990-PF, PART I		10,381,27	9.	0.	10,381,279.
TOTAL TO FORM 990-PF, PART I FORM 990-PF			Т-	(C) ADJUSTED NET INCOME	STATEMENT 3  (D)  CHARITABLE
TOTAL TO FORM 990-PF, PART I FORM 990-PF  DESCRIPTION	LEGAI (A) EXPENSES	FEES (B) NET INVES MENT INCC	Т-	(C) ADJUSTED NET INCOME	STATEMENT 3  (D)  CHARITABLE
TOTAL TO FORM 990-PF, PART I  FORM 990-PF  DESCRIPTION  LEGAL FEES	LEGAL  (A)  EXPENSES PER BOOKS	(B) NET INVES MENT INCO	T- ME	(C) ADJUSTED NET INCOME	STATEMENT 3  (D)  CHARITABLE PURPOSES
TOTAL TO FORM 990-PF, PART I  FORM 990-PF  DESCRIPTION  LEGAL FEES  TO FM 990-PF, PG 1, LN 16A	(A) EXPENSES PER BOOKS 21,036.	(B) NET INVES MENT INCO	Т- МЕ	(C) ADJUSTED NET INCOME	STATEMENT 3  (D)  CHARITABLE PURPOSES  21,036.
TOTAL TO FORM 990-PF, PART I  FORM 990-PF  DESCRIPTION  LEGAL FEES  TO FM 990-PF, PG 1, LN 16A  FORM 990-PF	LEGAL  (A)  EXPENSES PER BOOKS  21,036.	(B) NET INVES MENT INCO	T- ME 0.	(C) ADJUSTED NET INCOME	STATEMENT 3  (D) CHARITABLE PURPOSES  21,036.  21,036.  STATEMENT 4  (D) CHARITABLE
FUNDRAISING EVENTS  TOTAL TO FORM 990-PF, PART I  FORM 990-PF  DESCRIPTION  LEGAL FEES  TO FM 990-PF, PG 1, LN 16A  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES	LEGAL  (A) EXPENSES PER BOOKS  21,036.  21,036.  ACCOUNTI	(B) NET INVES MENT INCO	T- ME 0.	(C) ADJUSTED NET INCOME	STATEMENT 3  (D) CHARITABLE PURPOSES  21,036.  21,036.  STATEMENT 4  (D) CHARITABLE

FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FUNDRAISING				
FEES	49,188.	0.	0.	0.
OUTSIDE CONTRACT SERVICES	109,355.	0.	0.	109,355.
MARKETING FEES	125,914.		0.	125,914.
HUMAN RESOURCES CONSULTING	12,191.	0.	0.	12,191
CONSULTING AND SUPPORT	82,252.	0.	0.	82,252
TO FORM 990-PF, PG 1, LN 16C	378,900.	0.	0.	329,712.
	<del></del>		<del></del>	
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES & LICENSES	37,892.	0.	0.	37,892.
TO FORM 990-PF, PG 1, LN 18	37,892.	0.	0.	37,892.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING AND PROMOTION	38,000.	0.	0.	38,000
INFORMATION TECHNOLOGY	910,434.		0.	910,434
INSURANCE	79,271.		0.	79,271
EQUIPMENT RENTAL, REPAIRS	00 457	0	0	00 457
AND MAINTENANCE	82,457.		0.	82,457
MEMBERSHIP AND DUES MISCELLANEOUS	8,343. 232,124.		0.	8,343, 232,124,
MISCELLANEOUS PRESCRIPTION DRUG COSTS	232,124. 58,791,927.		0.	232,124 58,791,927
SPECIAL EVENT DIRECT	JU, /JI, J4/•	0.	0.	JU,/JL,J4/
EXPENSES	30,630.	0.	0.	30,630
POSTAGE	799,829.		0.	799,829
SUPPLIES	113,787.		0.	113,787
ACCRUAL TO CASH ADJUSTMENT	0.		0.	-211,961
FUNDRAISING EXPENSES	66,005.		0.	0
TO FORM 990-PF, PG 1, LN 23	61,152,807.	0.	0.	60,874,841

FORM 990-PF	LIST OF SUBSTANT PART VII-A	TIAL CONTRIBUTORS	STATEMENT 8
NAME OF CONTRIBUTOR	AD	DRESS	
EXPRESS SCRIPTS		E EXPRESS WAY LOUIS, MO 63121	
EISAI PHARMACEUTICALS		0 TICE BOULEVARD ODCLIFF LAKE, NJ 07677	
UPSHER SMITH LAB, INC		BOX 1683 CODE-USL-301 NNEAPOLIS, MN 55480	
PFIZER PHARMACEUTICALS		5 EAST 42ND STREET W YORK, NY 10017	
CONCORDIA HEALTHCARE,		0 GARETT ST. ARLOTTESVILLE, VA 22902	

	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
MICHAEL HOLMES 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	CHAIR 2.00	0.	0.	0.
RODNEY GEE 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	VICE CHAIR 2.00	0.	0.	0.
LAKESHA BUTLER, PHARMD BCPS 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	TREASURER 2.00	0.	0.	0.
KEN DUDE 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	SECRETARY 2.00	0.	0.	0.
JAMES BUFORD 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.
ELDER GRANGER 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.
KEVIN GREEN 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.
OMAR MALDONADO 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.
JOHN PIEPER, PHARM D. 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.
RICHARD WHITE, M.D. 3171 RIVERPORT TECH CENTER DR. MARYLAND HEIGHTS, MO 63043	DIRECTOR 1.00	0.	0.	0.

DARRYL MUNDEN
3171 RIVERPORT TECH CENTER DR.
MARYLAND HEIGHTS, MO 63043

PRESIDENT 40.00

236,998. 11,918. 43,893.

KIMBERLY STEMLEY
3171 RIVERPORT TECH CENTER DR.
MARYLAND HEIGHTS, MO 63043

CFO OF RX OUTREACH

193,885. 10,508. 22,045.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

430,883. 22,426. 65,938.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

#### ACTIVITY ONE

RX OUTREACH IS A NONPROFIT CHARITABLE ORGANIZATION WITH THE MISSION OF PROVIDING AFFORDABLE MEDICATIONS TO AN INDIGENT POPULATION. HEADQUARTERED IN ST. LOUIS, MISSOURI, THE ORGANIZATION PROVIDES NATIONWIDE ACCESS TO OVER 460 BRANDED AND GENERIC PRESCRIPTION DRUGS FOR INDIVIDUALS WITH ANNUAL INCOMES OF LESS THAN 300% OF THE FEDERAL POVERTY LEVEL. THE ORGANIZATION SERVES THEIR PATIENTS THROUGH A DEDICATED STAFF OF PHARMACY PROFESSIONALS AND A HIGHLY AUTOMATED HOME DELIVERY SYSTEM.

THE ORGANIZATION HAS EXPANDED THE NUMBER OF MEDICATIONS AND DIABETIC SUPPLIES THAT IT PROVIDES AT SIGNIFICANTLY REDUCED PRICES. IT HAS ALSO EXPANDED ITS AWARENESS AND SERVICES THROUGH MARKETING EFFORTS AND PARTNERSHIPS WITH CLINICS, ADVOCACY GROUPS AND HEALTHCARE PROVIDERS. THE ORGANIZATION CURRENTLY PROVIDES AFFORDABLE MEDICATIONS TO OVER 285,000 LOW-INCOME INDIVIDUALS THROUGHOUT AMERICA.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

67,138,665.

05491.01

#### GENERAL EXPLANATION

STATEMENT 11

#### FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VII-B, LINE 1(A)(4) - EXCEPTED ACT OF SELF-DEALING

#### **EXPLANATION:**

RX OUTREACH PAID COMPENSATION TO DISQUALIFIED PERSONS FOR PERSONAL SERVICES THAT ARE REASONABLE AND NECESSARY TO THE CARRYING OUT OF THE ORGANIZATION'S EXEMPT PURPOSES, WHICH IS NOT EXCESSIVE. THIS IS AN EXCEPTED ACT OF SELF-DEALING UNDER IRC SECTION 4941(D)(2)(E).